STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Health & Rehabilitation, The	540 Belmont Drive Columbus, IN 47201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38239 Based on interview and record review, the facility failed follow the physician's orders related to administration parameters for cardiac medications and complete neurological assessments after a fall for 2 of 5 residents reviewed for quality of care. (Residents C and E) Findings include: 1. The clinical record for Resident C was reviewed on 05/15/25 at 11:00 A.M. An Admission Minimum Data Set (MDS) assessment, dated 04/16/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, heart failure, hypertension, and coronary artery disease. The physician's orders included, but were not limited to, an order with a start date of 04/14/25 that was discontinued on 04/28/25, indicated staff were to administer the resident's midodrine (a medication for low blood pressure) 7.5 milligrams (mg) three times a day for hypotension. The medication was to be administered if the resident's systolic (the top number) blood pressure was below 90. The resident's Electronic Medication Administration Record (EMAR) for April 2025 indicated the resident received the midodrine medication the systolic blood pressure was above 90 on the following dates and times: - The medication was administered on 04/19/25 at 3:30 P.M., when the resident's blood pressure was 116/62. - The medication was administered on 04/19/25 at 7:30 P.M., when the resident's blood pressure was 100/65. - The medication was administered on 04/22/25 at 7:30 A.M., when the resident's blood pressure was 101/71. - The medication was administered on 04/22/25 at 3:30 P.M., when the resident's blood pressure was 113/73. - The medication was administered on 04/22/25 at 7:30 A.M., when the resident's blood pressure was 101/71. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Health & Rehabilitation, The	540 Belmont Drive Columbus, IN 47201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The medication was administered on 04/22/25 at 3:30 P.M., when the resident's blood pressure was 113/73. - The medication was administered on 04/22/25 at 7:30 P.M., when the resident's blood pressure was 116/70. - The medication was administered on 04/24/25 at 7:30 A.M., when the resident's blood pressure was 94/65. During an interview, on 05/15/25 at 12:05 P.M., RN 3 indicated she was familiar with the resident. She took medications for high blood pressure and for low blood pressure. When a resident had medication orders with hold parameters, she would obtain the resident's blood pressure before administering the medication. If the blood pressure was out of range (too high or too low) she would not administer the medication per the physician's order. The current facility policy titled MEDICATION ADMINISTRATION, dated 04/2017, was provided by the Regional Director on 05/15/25 at 1:11 P.M. The policy indicated, .safely administer medications as per physician's orders .qualified personnel shall be responsible to follow accepted practices of medication administration as per physician's orders . 38769 2. The clinical record for Resident E was reviewed on 05/15/25 at 12:16 P.M. A Quarterly MDS assessment, dated 03/10/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, anemia, seizure disorder, malnutrition, anxiety, and depression. A Progress Note, dated 04/05/25 at 2:11 A.M., indicated the nurse was called to the room after the resident had a fall. The nurse found the resident lying on the bathroom floor on her back. The resident stated she was trying to go to the toilet by herself when she fell . The resident complained of right hip pain but refused to go to the hospital and was attempting to get up off the floor by herself. The resident's neurological assessment was within normal limits at the time of the fall. The Accident and Incident Report and Investigation sheet, dated 04/05/25 at 1:20 A.M., indicated the resident fell when she was up going to the bathroom. The If it is known or suspected that resident hit head or face, have neurochecks been initiated? was marked yes. The Fall Assessment and Neurological Check Flowsheet, dated 04/05/25 at 1:30 A.M., indicated the resident was found on the floor in their bathroom. The neurological checks lacked the following information: - at 1:30 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 1:45 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Health & Rehabilitation, The	540 Belmont Drive Columbus, IN 47201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- at 2:00 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 2:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 3:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, - at 4:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities, and - at 5:15 A.M., pupil size, level of consciousness, level of orientation, complaints of pain, and extremities. During an interview, on 05/15/25 at 12:46 P.M., the Assistant Director of Nursing (ADON) indicated if a resident had an unwitnessed fall the nurse would complete an assessment on the resident and either send the resident to the hospital or keep them in the facility. If the resident remained in the facility then neurological assessments would be completed. They were completed per the assessment form and would include the resident's vital signs, pupil response, level of consciousness, level of orientation, complaints of pain, and extremities. The neurological assessment for Resident E should have been completed. The current facility policy titled, Fall Prevention Program, dated 10/2014, was provided by the Corporate Clinical Nurse on 05/15/25 at 1:30 P.M. The policy indicated, .To identify resident's who are at risk for falls and subsequently implement appropriate individualized fall prevention interventions . The current facility policy titled, Neurological Assessment, with a revision date of 03/2019, was provided by the Regional Director on 05/15/25 at 1:11 P.M. The policy indicated, .To determine the level of neurological function of a resident .Neurological assessment, is to be completed .Assess level of consciousness .Assess level of verbal communication .Assess resident response to stimuli .Assess pupils; size, reaction to light . Assess ability to move .Observe for nausea, vomiting and/or increased lethargy .Document assessment findings in appropriate location on clinical record . This citation related to Complaint IN00458274. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155133	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Health & Rehabilitation, The	540 Belmont Drive Columbus, IN 47201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38769 Based on record review and interview, the facility failed to transcribe resident records for 1 of 3 residents' records reviewed. (Resident B) Findings include: The clinical record for Resident B was reviewed on 05/15/25 at 10:20 A.M. The resident was admitted to the facility on [DATE]. The resident's diagnosis included, but was not limited to, Displaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing. An After Visit Summary, dated 04/21/25, indicated the instructions for wound care included, but were not limited to, the following: - Icing Protocol: Use 10 to 14 hours per day until the follow-up appointment or use ice packs for 20 minutes per hour while awake. Do not put the ice pad directly against your skin (use a thin towel/clothing). The resident's clinical record lacked an order for the resident to have ice on her wound until 04/28/25. During an interview, on 05/15/25 at 11:57 A.M., Licensed Practical Nurse (LPN) 2 indicated when a resident was a new admission from the hospital the Unit Managers would get the resident's orders and transcribe them into the computer. There should have been a second nurse that verified the orders. During an interview, on 05/15/25 at 12:46 P.M., the Assistant Director of Nursing (ADON) indicated they were alerted by the resident's family member that the resident was to have ice on her shoulder, and it had not been getting applied. The nurse that he talked to reviewed the After-Visit Summary from admission and called the physician and implemented the order. The facility determined there was a transcription error and started a plan of correction. The nurse that made the error was educated immediately along with other nurses, and she started audits of all new resident admissions. The current facility policy titled, Physician Orders, dated 10/2014, was provided by the ADON on 05/15/25 at 1:58 P.M. The policy indicated, .Physician's orders are administered upon the clear, complete and signed order of an individual lawfully authorized to prescribe .Facility nursing personnel will ensure clear, accurate and complete physician's orders .New orders shall be transcribed . The deficient practice was corrected on 04/28/25 after the facility educated staff and implemented a process to monitor new admissions. This citation relates to Complaint IN00458427. 3.1-50(a)(2)