

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Bethany Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S Shelby St Indianapolis, IN 46227	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure a resident's medical record was complete and accurate when the resident discharged against medical advice for 1 of 3 residents reviewed for discharges. (Resident B) Findings include:During an interview on 7/24/25 at 10:56 a.m., Resident B indicated, on 6/18/25, he left the facility with his sister against medical advice. Resident B was unhappy with his care since his admission the previous night. Resident B had been made aware of the risk of discharging against medical advice but didn't care.The clinical record for Resident B was reviewed on 7/24/25 at 11:10 a. m. The diagnoses included, but were not limited to, acute osteomyelitis, acquired absence of right leg below knee, and diabetes.A progress note, dated 6/17/25 at 10:15 p.m., indicated Resident B arrived at the facility and was transferred to bed. Resident B did not have any complaints of pain.The clinical record lacked a progress note describing the details of Resident B's discharge against medical advice.During an interview on 7/24/25 at 11:32 a.m., the Director of Nursing (DON) indicated, on 6/18/25 at approximately 10:00 a.m., Resident B left the facility with his sister against medical advice. Resident B and his sister notified the staff and the DON as they were leaving the facility. The nurse should have entered a progress note in Resident B's medical record when he left the facility against medical advice. On 7/24/25 at 12:07 p.m., the DON provided a copy of a facility policy, titled Discharge Against Medical Advice, dated 7/2025, and indicated this was the current policy used by the facility. A review of the policy indicated when a resident chooses to discharge against medical advice, documentation in the resident's medical record should indicate the facility staff attempted to provide other options to the resident and informed the resident of the potential risks of leaving against medical advice.This citation relates to Complaint 1685013.3.1-50(a)(1)3.1-50(a)(2)</p>		

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
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