

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Bethel Pointe Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 W Community Dr Muncie, IN 47304	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40339</p> <p>Based on record review and interview, the facility failed to complete ordered wound treatments and assessments for 2 of 3 residents reviewed for wound care. (Residents B and C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 9/4/24 at 10:34 a.m. Diagnoses include multiple sclerosis, dementia, malnutrition, and type II diabetes.</p> <p>A current physician's order, dated 7/2/24, indicated to cleanse the area on the right shin with wound wash and pat dry. Apply wound gel to the wound bed and cover with gauze. Change daily and as needed if soiled or dislodged.</p> <p>A review of the electronic treatment administration record (eTAR) lacked documentation of the treatment being completed on 7/4/24, 7/11/24 to 7/14/24, and on 7/18/24.</p> <p>A current physician's order, dated 6/26/24 and discontinued 7/27/24, indicated to cleanse the right heel with wound wash and pat dry. Apply hydrogel to wound bed and cover with an abdominal pad and secure with gauze wrap. Change daily and as needed.</p> <p>A review of the eTAR lacked documentation of treatment being completed on 7/4/24, 7/11/24, 7/12/24, 7/13/24, and 7/18/24.</p> <p>A current physician's order, dated 6/26/24 and discontinued 8/2/24, indicated to document drainage amount of right heel wound, daily as N=none, S=scant, M=moderate, C=copious, N/A=not applicable.</p> <p>A review of the eTAR lacked documentation of drainage amount for 7/4, 7/11/24, 7/12/24, 7/13/24, and 7/18/24.</p> <p>2. The clinical record for Resident C was reviewed on 9/4/24 at 12:10 p.m. Diagnoses include Alzheimer's disease, malnutrition, and iron deficient anemia.</p> <p>A current physician's order, dated 8/20/24, indicated to cleanse the area on left ankle with wound wash and pat dry. Apply betadine to area and cover with bordered gauze, daily.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the electronic treatment administration records (eTAR) lacked documentation of the treatment being completed on 8/17/24, 8/18/24, and 8/20/24.</p> <p>A current physician's order, dated 8/20/24, indicated to cleanse the area on left ankle with wound wash and pat dry. Apply betadine to area and cover with bordered gauze, at bedtime.</p> <p>A review of the electronic treatment administration records (eTAR) lacked documentation of the treatment being completed on 8/20/24, 8/23/24, 8/26/24, 8/29/24, and 8/30/24.</p> <p>A current physician's order, dated 8/20/24, indicate drainage amount of left ankle wound at bedtime as N=none, S=scant, M=moderate, C=copious, N/A=not applicable.</p> <p>A review of the eTAR lacked documentation of drainage amount for 8/20/24 through 8/31/24.</p> <p>During an interview on 9/6/24 at 12:05 p.m., the DON indicated all treatments should be completed and documented per physician's order. The prompt for the wound description was not documented as indicated and several dressing changes lacked documentation of being completed.</p> <p>A current facility policy, revised 3/2020, titled, Following medication-Physician Orders/Parameters, provided by the DON on 9/6/24 at 12:43 p.m., indicated: Purpose: To administer medications in a safe and effective manner and following physician ordered parameters Procedures: .L. After administration, return to cart, replace medications container (if-multi-dose and doses remain), and document administration in the MAR or TAR, and controlled substance sign out record, if indicated.</p> <p>This citation relates to Complaint IN00441065.</p> <p>3.1-37(a)</p>		