

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER Bethel Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 6015 Kratzville Rd Evansville, IN 47710	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents privacy. Staff did not knock on resident doors before entering to deliver meal trays. (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER]) Finding includes: The following was observed during the delivery of meal trays at supper on 3/12/26:At 5:06 p.m., CNA 3 was observed to enter room [ROOM NUMBER] with a meal tray without knocking or announcing himself. At 5:07 p.m., CNA 2 was observed to enter room [ROOM NUMBER] with a meal tray without knocking or announcing herself. At 5:10 p.m., CNA 2 was observed to enter room [ROOM NUMBER] with a meal tray without knocking or announcing herself. At 5:11 p.m., CNA 3 was observed to enter room [ROOM NUMBER] and deliver a meal tray without knocking or announcing himself. At 5:12 p.m., CNA 2 was observed to enter room [ROOM NUMBER] and deliver a meal tray without knocking or announcing herself. At 5:13 p.m., CNA 3 was observed to enter room [ROOM NUMBER] and deliver a meal tray without knocking or announcing himself. On 3/16/26 at 11:37 a.m., CNA 4 indicated before going into a resident room, you should knock, announce yourself, let the resident know what department you are with, ask if you can come in room. On 3/16/26 at 11:44 a.m., the Assistant Administrator provided the current policy on promoting/maintaining resident dignity with a revision date of 2025. The policy indicated it was the practice of the facility to protect and promote resident rights and treat each resident with respect and dignity. This citation relates to Intake 2738912.410 IAC (Indiana Administrative Code) 16.2-3.1-3(a)</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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