STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155677	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bell Trace Health and Living Center	725 Bell Trace Circle Bloomington, IN 47408

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 50647 Based on record review and interview, the facility failed to ensure an accurate MDS (Minimum Data Set) assessment for 1 of 5 residents reviewed for unnecessary medications. The Admission MDS assessment lacked documentation of an anxiety diagnosis. (Resident 65) Finding includes: On 9/12/24 at 2:00 p.m., Resident 65's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, anxiety disorder, hypertension, and pain. A review of the Admission MDS assessment, dated 7/9/24, anxiety disorder was not marked as an active diagnosis. A Review of Medication Administration Record (MAR), indicated Resident 65 had an active order on 7/8/24 for Ativan (medication used to treat anxiety) 0.5 milligram (mg) half a tablet (0.25 mg) oral (by mouth) three times a day for diagnosis of anxiety disorder. A review of Resident Assessment Instrument (RAI),Version 3.0 User's Manual, 10/2023, for section I5700 of MDS, on 9/12/24 at 2:45 p.m., indicated; a 7-day look-back period. Active diagnoses are diagnoses that have a direct relationship to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period. An interview with the Director of Nursing (DON) on 9/13/24 at 11:15 a.m., indicated section I5700 on the Admission MDS Assessment, dated 7/9/24, was not marked to indicate a diagnosis of anxiety. The DON indicated Resident 65 had a diagnosis of anxiety on admission. She indicated the facility does not have an MDS Policy, but follow the RAI manual for MDS completion. An interview with the MDS Coordinator on 9/13/24 at 11:15 a.m., indicated the resident had a diagnosis of anxiety on admission and section I5700 should have been marked to reflect the diagnosis. The MDS Coordinator indicated the facility used the RAI manual to complete MDS assessments. An interview with RN 1 on 9/13/24 at 1:45 p.m., indicated the resident had multiple episodes of anxiousness and restlessness. RN 1 indicated the resident had an order for anxiety medication that did help with these episodes. She indicated the resident has had anxiety and restlessness since admission. (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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-31(d)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 38312 Based on observation, interview, and record review, the facility failed to ensure medications were stored properly for 2 of 3 medication rooms observed. Medications were not labeled with an open date and expired medications were not disposed of. (Skilled 3 Rehabilitation Medication Room, Skilled 1 Medication Room). Findings include: On 9/13/24 at 11:56 a.m., the refrigerator in the Skilled 3 Rehabilitation 1 Medication Room was observed to have a vial of tuberculin PPD (medication used to test for tuberculosis) and a vial of Humalog (insulin) without an open date. The Director of Nursing (DON) could not find an open date on the vials. On 9/13/24 at 12:04 p.m., the refrigerator in Skilled 1 Medication Room was observed to have a vial of tuberculin PPD opened and dated 4/16/24. The Unit Manager was unsure when to discard the vial after the vial was opened. On 9/13/24 at 1:46 p.m., the DON provided the facility's policy, Expiration dates for Certain Drug, Biologicals, and Records, undated and indicated it was the policy being used by the facility. A review of the policy indicated .Insulin .28 days refrigerated/unrefrigerated after 1st use .Tubersol/Aplisol tuberculin PPD vial .30 days after first use . 3.1-25(k)(6)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34848 Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner for 2 of 2 kitchen observations. Food was stored under a water line which had condensed water. Findings include: On 9/10/24 at 10:50 a.m., food was observed in the kitchen walk-in freezer on shelving beneath a condenser line upon which large portions of ice had formed. The ice portions were on and in a large box of packaged brussel sprouts and a large box of packaged mixed vegetables. On 9/13/24 at 1:50 p.m., food was observed in the kitchen walk-in freezer on shelving beneath a condenser line upon which large portions of ice had formed. The ice portions were on and in a large box of packaged brussel sprouts and a large box of packaged mixed vegetables. During an interview on 9/13/24 at 1:58 p.m., the Dietary Manager indicated the food was stored beneath the iced over condenser line and the condenser line was in need of repair. On 9/13/24 at 2:10 p.m., a review of the Indiana State Department of Health Retail Food Establishment Sanitation Requirements, effective 11/13/04 indicated, .410 IAC 7-24-177 Food storage Sec. 177 . food shall be protected from contamination by storing the food as follows: .(5) In packages, covered containers, or wrappings ., and .410 IAC 7-24-178 Food storage; prohibited areas Sec. 178. (a) Food may not be stored as follows: .(2) Under the following: .under lines on which water has condensed . 3.1-21(i)(2) 3.1-21(i)(3)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 34848 Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 3 residents reviewed for urinary catheters. Urinary catheter tubing was observed on the floor. (Resident 14) Findings include: On the following dates, times, and locations, Resident 14 was observed in his wheelchair with his urinary catheter tubing beneath the wheelchair and lying on the floor: - On 9/11/24 at 10:55 p.m., in the resident's room. - On 9/12/24 at 1:30 p.m., on the front outside patio. - On 9/12/24 at 2:46 p.m., at the resident common room/puzzle station. On 9/11/24 at 11:15 am, Resident 14's clinical record was reviewed. The diagnoses included, but were not limited to, heart failure and acute kidney failure. A physician's order with a start date of 6/20/24 indicated the resident had a Foley catheter secondary to diagnosis of obstructive and reflux uropathy. A care plan intervention with a start date of 1/14/24 indicated, .Do not allow tubing or any part of the drainage system to touch the floor . During an interview on 9/12/24 at 2:48 p.m., the Director Of Nursing indicated the resident's catheter tubing was in contact with the floor and in need of adjustment to stay off of the floor. 3.1-18(b)(1)