

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Bethlehem Woods Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4430 Elsdale Dr Fort Wayne, IN 46835	

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 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to perform admission agreements in a timely manner for 3 of 3 residents reviewed. (Resident Q, Resident R, and Resident S). Findings include: 1) Resident Q's record was reviewed on 11/17/25 at 9:26AM. Resident Q was admitted on [DATE]. Resident Q's admission agreement paperwork was signed on 10/29/25, 4 days after admission. The admission agreement was dated 10/25/25 and included the following: Resident obligations, Consent for Treatment, Services, Payments for Room Rate, Medicare and Medicaid Programs, Personal Finances, Termination Transfers and Discharges, Bed Hold Policy, Personal Property, Resident Records, Privacy, Non-Discrimination, Dispute Resolution, Limitations of Community, Miscellaneous Provisions and signatures. In an interview, on 11/17/25 at 12:57PM, the Executive Director (ED) indicated Resident Q's daughter was not available on 10/27/25 or 10/28/25 to sign the paperwork. After reviewing Resident Q further, it was determined the resident was able to sign her own admission paperwork on 10/29/25. 2) Resident R's record was reviewed on 11/17/25 at 11:31AM. Resident R was admitted on [DATE]. Resident R's admission agreement paperwork was signed on 10/20/25, 3 days after admission, by her daughter and Power of Attorney (POA). Resident R's admission agreement was signed by Resident R on 11/6/25. The admission agreement was dated 10/17/25 and included the following: Resident obligations, Consent for Treatment, Services, Payments for Room Rate, Medicare and Medicaid Programs, Personal Finances, Termination Transfers and Discharges, Bed Hold Policy, Personal Property, Resident Records, Privacy, Non-Discrimination, Dispute Resolution, Limitations of Community, Miscellaneous Provisions and signatures. 3) Resident S's record was reviewed on 11/17/25 at 10:27AM. Resident S was admitted on [DATE]. Resident S's admission agreement paperwork was signed on 10/27/25, 9 days after admission. The admission agreement was dated 10/18/25 and included the following: Resident obligations, Consent for Treatment, Services, Payments for Room Rate, Medicare and Medicaid Programs, Personal Finances, Termination Transfers and Discharges, Bed Hold Policy, Personal Property, Resident Records, Privacy, Non-Discrimination, Dispute Resolution, Limitations of Community, Miscellaneous Provisions and signatures. In an interview, on 11/17/25 at 12:57PM, the ED indicated Resident S's wife was sick, not available on 10/24/25 and did not attend the planned meeting (6 days after admission). Resident S's wife was sick and unavailable until 10/27/25 when she signed the admission paperwork. In an interview, on 11/17/25 at 10:30AM, the ED indicated there was implied consent until an admission agreement can be made, especially when someone comes in on a weekend or late in the evening. No policy or procedure was available at time of exit.</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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