

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  05/19/2025
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)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the documentation of required information for hospital transfers was present for 1 of 2 residents reviewed (Resident 24).</p> <p>Findings include:</p> <p>Resident 24's record was reviewed on 5/14/25 at 9:57 AM. Diagnoses included end stage kidney disease, heart failure and emphysema. Resident 24 had a cardiac pacemaker and was dependent on dialysis.</p> <p>Resident 24's Annual Minimum Data Set, (MDS) dated [DATE], indicated the resident's Brief Interview for Mental Status (BIMS) score was 14 (no cognitive impairment).</p> <p>A progress note, dated 8/24/24 at 7:40 PM, indicated Resident 24 had been transferred to the hospital. The progress note indicated the receiving hospital had been notified. The progress note did not indicate Resident 24's family had been notified.</p> <p>An Event Report, dated 8/24/24 at 8:04 PM, indicated Resident 24's Representative had been notified of a hospital transfer. The Event Report did not include the Representative's name or contact information.</p> <p>A Notice of Transfer or Discharge, dated 8/24/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 9/11/24 at 12:30 PM, indicated Resident 24 had requested to go to the hospital and the ambulance was on the way. The progress note did not indicate Resident 24's family had been notified of the hospital transfer.</p> <p>A Notice of Transfer or Discharge, dated 9/11/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 12/16/24 at 8:47 AM, indicated Resident 24 had been transferred to the hospital. The progress note did not indicate Resident 24's family had been notified of the hospital transfer.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Notice of Transfer or Discharge, dated 12/16/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>A progress note, dated 12/27/24 at 11:45 AM, indicated Resident 24's wife had been notified of the resident being transferred to the hospital.</p> <p>A Notice of Transfer or Discharge, dated 12/27/24, indicated Resident 24 had been transferred to the hospital. The Notice of Transfer or Discharge indicated the facility must attach a copy of the facility's bed hold policy. The Notice of Transfer or Discharge did not include a bed hold policy.</p> <p>In an interview, on 5/15/25 at 1:59 PM, Registered Nurse (RN) 3 indicated copies of medical records including medications, physician orders, diagnoses and a transfer form to hold the bed should be sent with the resident to the hospital. RN 3 indicated the receiving facility would be given a report on the resident via phone. RN 3 indicated documentation should include who received the report and what records were sent.</p> <p>In an interview, on 5/19/25 at 10:38 AM, the Director of Nursing (DON) indicated they were unable to locate bed hold notices for Resident 24's hospital transfers. The DON provided a bed hold policy within the admission agreement signed by Resident 24 on 2/5/24. The DON indicated they were unable to locate any further family notifications.</p> <p>In an interview, on 5/19/25 at 11:05 AM, RN 25 indicated a family member should be notified when a resident is transferred to the hospital. RN 25 indicated Resident 24's spouse was always aware of new orders as their spouse was in the facility a lot. RN 25 indicated Resident 24 often updated their spouse themselves.</p> <p>A current facility policy, dated 6/7/17, titled Emergency Transfer Notifications, provided by the DON on 5/19/25 at 11:45 AM, indicated the transfer information may be provided to the resident and their representative as soon as practicable. The policy indicated the nursing staff would inform the family member of the transfer. The policy indicated a bed hold policy would be reviewed with the responsible party and would be documented in the medical record.</p> <p>3.1-12(a)(21)</p> <p>3.1-12(a)(25)(26)</p>		