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 03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlehem Woods Nursing and Rehabilitation	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation and record review the facility failed to ensure proper labeling/storage were completed for 3 of 3 medication carts reviewed. This affected 7 of 7 residents reviewed. (Resident 20, Resident 2, Resident 9, Resident 62, Resident 6, Resident 75, and Resident 94) Findings include: During an observation, on 3/26/26 at 11:08 AM, on the 200-hall cart, Resident 20 had an open bottle of liquid potassium chloride 10%, it did not have an open date. During an observation, on 3/26/26 at 11:14 AM, on the 300-hall (front) cart, Resident 2 had an open bottle of Guaifenesin 100 milligrams (mg)/15 milliliter (ml), there was no open date. Resident 9 had an open bottle of Guaifenesin liquid 100mg/5ml, there was no open date observed. Resident 62 had an open bottle of: Biotene Dry mouth, there was no open date observed. Resident 6 had an open bottle of lidocaine 1% vial with no open date. In an interview, on 3/26/26 at 11:20 AM, the Director of Nursing (DON) indicated the lidocaine should have been taken off the cart as it was used for Resident 6's antibiotic and he was not on it anymore.During an observation, on 3/26/26 at 11:23 AM, on the 300-hall (back) cart, Resident 75 had an open bottle of chlorhexidine 0.12%, there was no open date. Resident 94 had an open bottle of lactulose 10 gm/15 ML, there was no open date. Resident 6 had an open bottle of Guaifenesin 100 mg/15 ml, with no opened date observed. In an interview, on 3/26/26 at 11:26, the DON indicated the nurse who opened the medication should have put an open date on the medications.1. Resident 20's record was reviewed on 3/27/26 at 10:00 AM. Diagnoses included Dementia with psychotic disturbance.A review of physician orders indicated to give potassium chloride liquid 20 milliequivalent (mEq)/15 mL, give10 mEq. This order was discontinued(d/c) on 3/29/26.2. Resident 2's record was reviewed on 3/27/26 at 10:15 AM. Diagnoses included Aphasia following cerebral infarction-expressive aphasia.A review of physician order indicated, to give guaifenesin liquid,100 mg/5 mL, 200mg/ 10ml. This order was d/c on 03/26/2026.3. Resident 9's record was reviewed on 3/27/26 at 10:20 AM. Diagnoses included Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.A review of the physician order indicated to give guaifenesin liquid, 100 mg/5 mL, give 20ml. This order was d/c on 3/26/26.4. Resident 62's record was reviewed on 3/27/26 at 10:30 AM. Diagnoses included Paroxysmal atrial fibrillation. A review of the physician order, dated 06/09/202, indicated to administer Biotene Dry Mouth Oral Rinse 15 mL daily. 5. Resident 6's record was reviewed on 3/27/26 at 10:45 AM. Diagnoses included Malignant neoplasm of right kidney.A review of the physician order indicated to administer guaifenesin liquid 100 mg/5 mL, give 20 mL, this medication was d/c on 3/26/26. The lidocaine hydrochloride (hcl) 1% vial, not have a current order. 6. Resident 75's record was reviewed on 3/27/26 at 10:55 AM. Diagnoses included Chronic obstructive pulmonary disease, unspecified.A review of the physician order indicated to administer chlorhexidine gluconate mouthwash 0.12%, give 1/2 ounce (oz). This medication was d/c on 3/26/26.7. Resident 94's record was reviewed on 3/27/26 at 11:05 AM. Diagnoses included Syncope and collapse. This resident was discharged from the facility on 03/15/2026.A current facility policy, Medication Storage and policy, dated 11/24, provided by the DON on 3/26/26 indicated. the facility should store medications and monitor expiration dates of medications consistent with (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155679	A. Building B. Wing	03/31/2026

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	applicable state and federal laws and regulations. 410 IAC (Indiana Administrative Code) 16.2-3.1-3.1-25 (j)