STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155694	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Betz Nursing Home	116 Betz Rd Auburn, IN 46706

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756 Based on observation, interview, and record review the facility failed to ensure privacy for 2 of 7 residents reviewed (Resident 17, and Resident 58). Findings include: 1. During an observation and interview on 7/11/24 at 8:51 AM with Certified Nurse Aide (CNA) 5 and Registered Nurse (RN) 6, Resident 17 was observed with her gown covering her shoulders and her breasts. Her abdomen, incontinence brief and legs were exposed and visible from the hallway. The privacy curtain was pulled less than halfway across its track leaving the exposed resident's body parts visible from the hallway. Resident 17's bed was near the window and the windows blinds were open. CNA 5 indicated Resident 17 should not have been able to be seen from the hallway when her body was not completely covered. She indicated the resident tends to throw covers off while in bed, so staff should have ensured the privacy curtain was pulled to ensure any exposed body parts were not visible from the hallway. RN 6 Indicated the window blinds should have been closed to prevent visibility from outside the building. Resident 17's record was reviewed on 7/11/24 at 11:17 AM. Diagnoses included chronic obstructive pulmonary disease, diabetes mellitus without complications, and need for assistance with personal care. Resident 17's current quarterly Minimum Data Set (MDS)dated 6/10/24 indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated she required substantial or maximal assistance with upper and lower body dressing. 2. During an observation and interview on 7/8/24 between 09:53 AM and 10:05 AM, Resident 58 was observed from the hallway wearing a hospital gown backward. The gown was loosely tied at the top and the gown fell open below the tie exposing her left breast. She was sitting in a standard chair with a walker placed in front of her. She indicated she was waiting for staff to come and help her get dressed. She indicated she was not supposed to walk in her room by herself. Physical Therapist 2, CNA 3 and Nurse Aide in Training 4 were observed walking past the room in the time frame of the observation. No employee was observed approaching Resident 58 to offer assistance. (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
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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 58's record was reviewed on 7/11/24 at 11:46 AM. Diagnoses included chronic obstructive pulmonary disease, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, limitation of activities due to disability, and unsteadiness on feet. Resident 58's current quarterly Minimum Data Set (MDS) dated [DATE] indicated her Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated she required substantial or maximal assistance with upper body dressing. During an interview on 7/12/24 at 10:07 AM, the Director of Nursing indicated resident's private body parts should not be visible from the hallway. A current policy, undated, titled Resident Rights, provided by Administrator on 7/11/24 at 11:12 AM indicated residents have a right to a dignified existence. 3.1-3(a)