STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155698	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Pointe Health Campus	1707 Bethany Rd Anderson, IN 46012

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to ensure residents were provided physician ordered therapeutic diets for 2 of 3 residents reviewed for dietary orders. (Residents C and F) Findings include:1.Resident C's clinical record was reviewed on 4/9/26 at 10:00 a.m. Diagnoses included encephalopathy, malignant neoplasm of colon, diverticulosis of large intestine, and gastro-esophageal reflux disease. Resident C's current orders indicated fortified foods with pureed texture (4/8/26). Resident C's current care plan indicated a problem of potential nutritional risk related to diagnoses, inadequate nutrient/energy intakes, and/or metabolic demands. An intervention, dated 4/7/26, included to provide ordered diet, supplements, medications and adaptive equipment. During a meal observation, on 4/9/26 at 12:11 p.m., Resident C sat at a table with a meal of pureed food. A whole brownie (not pureed) was on the resident's meal tray. At 12:24 p.m., the resident independently used a fork and ate a bite of the brownie. At 12:27 p.m., CNA 1 verbally reminded the resident she had a brownie to eat. The resident indicated she was done eating. 2. Resident F's clinical record was reviewed on 4/9/26 at 12:17 p.m. Diagnoses included dementia and dysphagia (difficulty swallowing) pharyngeal phase. Resident F's current orders indicated fortified foods with pureed texture (3/31/26). Resident F's current care plan, dated 12/3/24, indicated the resident was at risk for malnutrition related to diagnoses, inadequate nutrient/energy intakes, and/or metabolic demands. Interventions, dated 12/3/24, indicated the resident required assistance with meals as needed and to provide ordered diet, supplements, medications, and adaptive equipment. During a meal observation, on 4/9/26 at 12:11 p.m., Resident F sat at a table with a meal of pureed food. A whole brownie (not pureed) was on the resident's tray. At 4/9/26 at 12:31 p.m. QMA 2 asked Resident F if he was ready for his brownie and placed the brownie in front of him. QMA 2 asked the resident if he required help cutting up the brownie, and the resident declined the offer. Resident F cut a piece of brownie with his fork and placed it in his mouth. At 12:39 p.m., CNA 1 asked the resident if he was ok. Resident F indicated he was. At 12:44 p.m. Resident F struggled with the brownie crumbs on his plate. QMA 2 asked him if he was doing ok, and if he was done. The resident indicated he was finished eating. QMA 2 removed the brownie plate. During an interview on 4/9/26 at12:46 p.m., QMA 2 indicated she did not know if the brownie served during the meal was considered a pureed food item. During an interview, on 4/9/26 at 2:27 p.m., the Dietary Manager indicated, during meal service, the person plating the food would match food items with the meal ticket. Pureed foods must be blended down into a paste consistency. Whole brownies were not considered a pureed food item. A current facility policy, last revised 5/2016 and titled Guidelines for Medication Orders was provided by the Administrator on 4/9/16 at 3:16 p.m., and indicated the following: Purpose Statement.The purpose of this policy is to: To establish uniform guidelines in the receiving and recording of medication orders.Policy.Guidelines for Medication Orders.2. A current list of orders will be maintained in the electronic clinical record of each resident.During an interview on 4/9/26 at 3:42 p.m. the DON, Clinical Support, and Administrator indicated the Guidelines for Medication Orders also applied to dietary orders. This citation relates to Intake 2962191.410 Indiana Administrative Code (IAC) 3.1-46(a)(2)

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