

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Belltower Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5805 North Fir Road Granger, IN 46530	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of abuse resolution was followed regarding care assignments for 1 of 3 residents reviewed for abuse. (Resident C)</p> <p>Finding includes:</p> <p>A record review for Resident C was completed on 5/8/2025 at 8:45 A.M. Diagnoses included, but were not limited to: dementia, psychosis, anxiety disorder and narcolepsy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 2/20/2025, indicated Resident C had moderate cognitive impairment and required substantial/maximal assistance of one staff member for showers and transfers.</p> <p>A facility reported incident investigation was completed and sent to the Indiana Department of Health on 4/16/2025. The report indicated an insurance case manager had interviewed Resident C and he had reported he felt unsafe and did not like CNA 2 (certified nursing assistant) who cared for him. As a result of the investigation, Resident C was informed CNA 2 would no longer be assigned to care for him. Resident C was satisfied with the resolution.</p> <p>Point of Care documentation (electronic CNA documentation of care provided) indicated CNA 2 had completed care for Resident C on 4/23/2025, 4/28/2025 and 4/29/2025. The care areas included bathing, bed mobility, transfers and toilet use.</p> <p>During an interview, on 5/8/2025 at 9:42 A.M., LPN 3 indicated Resident C preferred that CNA 2 not care for him.</p> <p>During an interview, on 5/8/2025 at 10:24 A.M., Resident C indicated CNA 2 used to scream and yell in his ear. He indicated he got rid of CNA 2, but CNA 2 had continued to provide care for him.</p> <p>During an interview, on 5/8/2025 at 10:41 A.M., CNA 4 indicated CNA 2 worked on the hallway, where Resident C resided, by herself routinely. She indicated she was not aware if there were any residents for whom CNA 2 was not to provide care.</p> <p>A policy was provided on 5/8/2025 at 11:45 A.M., by the Executive Director. The policy titled, Abuse, Neglect, Exploitation, or Mistreatment, indicated, .6. The facility's Leadership will implement appropriate and necessary guidelines, which prohibit the mistreatment, neglect, and abuse of the patient/resident . Investigation .G. Measures taken to prevent future incidents</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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00457672 3.1-28(e)

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interview, the facility failed to follow a physician's order when administering blood pressure medication for 1 of 6 residents reviewed for quality of care. (Resident E)</p> <p>Finding includes:</p> <p>A record review for Resident E was completed on 5/7/2025 at 11:28 A.M. Diagnoses included, but were not limited to: vascular dementia, cerebral infarction (stroke) hypertension and atrial fibrillation.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 2/7/2025, indicated Resident E had severe cognitive impairment.</p> <p>A Nurse Practitioner Note, dated 4/4/2025, indicated Resident E's hypertension was chronic, stable and staff were to monitor Resident E's blood pressure closely.</p> <p>A Care Plan, initiated on 2/3/2025 and updated on 5/7/2025, indicated Resident E had hypertension and received antihypertensive medication. The goal was to promote vascular perfusion with the blood pressure to be within normal range. The interventions included, but were not limited to: to administer medications as ordered, monitor the medications effectiveness, watch for severe reactions and to report to the physician as needed.</p> <p>A Physician's Order, initiated on 2/2/2025 and discontinued on 4/21/2025, indicated an order for the resident to receive metoprolol tartrate (a beta blocker to decrease blood pressure) 25 milligrams twice daily.</p> <p>A Physician's Order, initiated on 4/21/2025, indicated an order for the resident to receive metoprolol tartrate 25 milligram twice daily with additional orders to hold (the metoprolol tartrate) for a systolic blood pressure less than 100 mmHg and a diastolic blood pressure less than 60 mmHg.</p> <p>Metoprolol tartrate 25 milligrams was given even though the blood pressure readings obtained prior tot he administration were below the ordered parameters for administration on the following days:</p> <ul style="list-style-type: none"> -4/7/2025 8:38 P.M. 90/53 mmHg (millimeters of mercury) -4/9/2025 9:30 P.M. 88/50 mmHg -4/10/2025 4:49 P.M. 97/60 mmHg -4/11/2025 9:42 P.M. 90/50 mmHg -4/23/2025 4:41 P.M. 93/53 mmHg -4/29/2025 6:54 P.M. 90/58 mmHg -5/6/2025 5:01 P.M. 80/50 mmHg <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 5/8/2025 at 9:51 A.M., LPN 3 indicated if a systolic blood pressure reading was low, anything under 100-110 mmHg, she would question giving blood pressure medication. She indicated the physicians usually gave parameters on when to hold a blood pressure medication. She indicated if the physician's order indicated to hold the blood pressure medication for a systolic blood pressure under 100 mmHg, she would not give the medication if the resident's blood pressure assessments were below 100 mm/Hg. She indicated if a resident had a systolic blood pressure below 95 mmHg, she would have inform the physician.</p> <p>A policy was provided, on 5/8/2025 at 11:45 A.M., by the Executive Director. The policy titled, Physician Orders, indicated, . The qualified licensed nurse will obtain and transcribe orders according to Facility Practice Guidelines .Medication/Treatment 1. The facility should not administer medications or biologicals except upon the order of a physician/prescriber lawfully authorized to prescribe them</p> <p>3.1-37(a)</p>		