STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	154061	A. BUILDING _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICAL BEHAVIORAL HOSPITAL - MISHAWAKA	1625 EAST JEFFERSON BLVD MISHAWAKA, IN 46545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS This visit was for a Federal hospital complaint investigation. Complaint Number: IN00457162 - Federal deficiencies related to the allegations are cited at A-0144 and A-0395. Date of Survey: 4/23/2025 Facility Number: 013574 QA: 4/30/2025	A 000		
A 145	PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT CFR(s): 482.13(c)(3) The patient has the right to be free from all forms of abuse or harassment. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure a patient was free from abuse in one instance. (Patient # 6). Findings include: 1. The hospital policy titled, Patient Rights and Responsibilities, PolicyStat ID 13517670, indicated on page 3, under PROCEDURE, have right to; 18. Receive care in a safe setting, free from verbal or physical abuse or harassment, Last revised 9/2021. 2. The hospital policy titled: Patient Observation, Policy Stat ID 12931622, indicated on page 1, under POLICY: patients will continue to be assessed and monitored during their treatment to	A 145		6/6/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/22/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 145	Continued From page 1	A 145		

ensure observation levels are appropriate, and under PROCEDURE: 2., observation levels can be increased or decreased by a provider's order. Last revised 10/2024.

3. Review of Patient # 6's MR (Medical Record) indicated the following:
(a). Patient # 6 admitted on 4/3/2025 on 100 unit; diagnosis of Alzheimers disease.
(b). Provider admission orders on 4/3/2025, included, but not limited to: Observation Level: Every 15 minutes.
(c). Nurse note on 4/4/2025 at 1:00 pm, reflected patient noted to pace and intrusive at times. Note at 11:00 pm, patient continues to wander into other patient rooms.
(d). Psychiatric progress note on 4/5/2025, by NP # 50 (Nurse Practitioner - Psychiatric) reflected patient is confused and requires redirection.
(e). Nurse note on 4/7/2025 at 10:10 pm, reflected patient was in milieu wandering around when shift started, patient is alert & oriented x 1 (person) and walks independently; he/she is intrusive and will occasionally wander into other patient rooms. At around 10:00 pm, patient was heard calling from another patient's room; upon inspection, patient was found beaten up on the face, with blood oozing by right ear and left eye; right eye was noted to be swollen.
(f). Psychiatric progress note on 4/8/2025, by NP # 50 reflected nursing reports patient was involved in a physical altercation with another patient last night. Patient is confused and intrusive.
(g). MR documentation lacked any increase by provider(s) for an appropriate patient's observation status to a Level II (every 5 minutes) or Level III (1:1 Observation); related to patient #

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A 145	Continued From page 2	A 145		

6's confusion, intrusiveness, wandering, and incident that occurred on 4/7/2025; that resulted in patient injury.

4. Review incident report dated 4/7/2025 at 10:15 pm indicated Patient # 6 send out to ER (Emergency Room) at AH # 60 (Acute Care Facility). Patient yelled from another patient's room; staff in to check; patient found on floor; blood by right ear & left eye, and swelling.

5. In interview on 4/23/2025 at approximately 3:04 pm, with N # 20 (Behavioral Health Associate - staff), confirmed the following:
a. Worked on 4/7/2025 & 4/8/2025, on 100 unit.
b. Patient # 6 was a wanderer, needed lots of redirection; tried to go into other patient's rooms, would have to redirect by staff.
c. Was helping another BHA with a patient in room 101, that was on 1:1. Did not see patient # 6 go into patient # 5's room right away. Heard noise; into room 107; found patient # 6 on floor near door. Patient had blood by nose and by right eye.

6. In interview on 4/23/2025 at approximately 3:30 pm (via telephone), with N # 21 (RN/Registered Nurse - staff), confirmed the following:
a. Recalled incident towards beginning of shift; was getting medications ready; heard yelling; ran back.
b. Found where yelling was coming from; found patient # 6 on floor by door of patient # 5's room. Patient # 6 had bleeding on face.
d. Patient # 6 was confused/wandering around.

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A 395	Continued From page 3	A 395		
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on document review and interview, nursing services failed to obtain a provider order to increase observation level of a patient in one instance. (Patient # 6). Findings include: 1. The hospital policy titled: Patient Observation, Policy Stat ID 12931622, indicated on page 1, under POLICY: patients will continue to be assessed and monitored during their treatment to ensure observation levels are appropriate, and under PROCEDURE: 2., observation levels can be increased or decreased by a provider's order. Last revised 10/2024. 2. Review of Patient # 6's MR (Medical Record) indicated the following: (a). Patient # 6 admitted on 4/3/2025 on 100 unit; diagnosis of Alzheimers disease. (b). Provider admission orders on 4/3/2025, included, but not limited to: Observation Level: Every 15 minutes. (c). Nurse note on 4/4/2025 at 1:00 pm, reflected patient noted to pace and intrusive at times. Note at 11:00 pm, patient continues to wander into other patient rooms. (d). Psychiatric progress note on 4/5/2025, by NP # 50 (Nurse Practitioner - Psychiatric) reflected patient is confused and requires redirection. (e). Nurse note on 4/7/2025 at 10:10 pm,	A 395		6/6/25

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A 395	Continued From page 4	A 395		

reflected patient was in milieu wandering around when shift started, patient is alert & oriented x 1 (person) and walks independently; he/she is intrusive and will occasionally wander into other patient rooms. At around 10:00 pm, patient was heard calling from another patient's room; upon inspection, patient was found beaten up on the face, with blood oozing by right ear and left eye; right eye was noted to be swollen.

(f). Psychiatric progress note on 4/8/2025, by NP # 50 reflected nursing reports patient was involved in a physical altercation with another patient last night. Patient is confused and intrusive.

(g). MR documentation lacked any increase by provider(s) for an appropriate patient's observation status to a Level II (every 5 minutes) or Level III (1:1 Observation); related to patient # 6's confusion, intrusiveness, wandering, and incident that occurred on 4/7/2025; that resulted in patient injury.

3. Review incident report dated 4/7/2025 at 10:15 pm indicated Patient # 6 send out to ER (Emergency Room) at AH # 60 (Acute Care Facility). Patient yelled from another patient's room; staff in to check; patient found on floor; blood by right ear & left eye, and swelling.

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a. Worked on 4/7/2025 & 4/8/2025, on 100 unit.

b. Patient # 6 was a wanderer, needed lots of redirection; tried to go into other patient's rooms, would have to redirect by staff.

c. Was helping another BHA with a patient in room 101, that was on 1:1. Did not see patient #

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A 395	Continued From page 5 6 go into patient # 5's room right away. Heard noise; into room 107; found patient # 6 on floor near door. Patient had blood by nose and by right eye. 5. In interview on 4/23/2025 at approximately 3:30 pm (via telephone), with N # 21 (RN/Registered Nurse - staff), confirmed the following: a. Recalled incident towards beginning of shift; was getting medications ready; heard yelling; ran back. b. Found where yelling was coming from; found patient # 6 on floor by door of patient # 5's room. Patient # 6 had bleeding on face. d. Patient # 6 was confused/wandering around.	A 395		