

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155850		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/08/2025	
NAME OF PROVIDER OR SUPPLIER BELLTOWER HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 5805 NORTH FIR ROAD GRANGER, IN 46530			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00457672 & IN00458673.</p> <p>Complaint IN00457672 - Federal deficiencies related to the allegations are cited at F607.</p> <p>Complaint IN00458673 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 7 & 8, 2025</p> <p>Facility number: 013644 Provider number: 155850 AIM number: 201381180</p> <p>Census Bed Type: SNF/NF: 84 Total: 84</p> <p>Census Payor Type: Medicare: 13 Medicaid: 59 Other: 12 Total: 84</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 5/15/2025</p>			F 0000			
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies</p> <p>Based on record review and interview, the facility failed to ensure an allegation of abuse resolution</p>			F 0607	<p>1 Resident C has not received any further care from C.NA 2 and</p>		06/04/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Marti Carmean

Administrator

06/10/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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.

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	<p>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,</p>				<p>resident is satisfied with this outcome.</p> <p>2 Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3 Facility Staff have been in-serviced on the abuse policy by the Administrator on May 14, 2025.</p> <p>Any staff not educated by 6/4/25 will be re-educated before their next working shift.</p> <p>4 Audits will be reviewed monthly in QAPI, results of those incidents will be reviewed monthly for a period of 3-months or until compliance is achieved.</p> <p>5 Date of Compliance: 6.4.25</p>		

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F 0684 SS=D Bldg. 00	<p>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>This citation relates to Complaint IN00457672</p> <p>3.1-28(e)</p> <p>483.25 Quality of Care</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</p>	F 0684	<p>1 Resident E was not identified due to the nature of the survey however, facility is aware of who resident E is. Resident E has had the blood pressure parameters reviewed by the Physician who discontinued said parameters. There was no negative outcome related to the alleged deficient practice.</p> <p>2 Residents residing at the facility that have blood pressure medications with parameters have the potential to be affected by the alleged deficient practice.</p>	06/04/2025	

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	<p>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 admnistration were below the ordered parameters for administrtion on the following days: -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</p>				<p>A facility wide review of blood pressure medications with parameters was done on 5.14.25. Any issues identified though the audit will be reviewed with treating physician and corrected at the time of the discovery.</p> <p>3 Nursing Administration and/or designee will re-educate licensed nurses on Blood Pressure Medications with parameters by 5.30.25.</p> <p>Nursing administration and/or Unit Managers will review Administration Records for residents with Blood Pressures with active parameters in place weekly for 4 weeks.</p> <p>4 Blood Pressure audits will be forwarded to QAPI for review, this review will occur monthly for a period of 6-months or until compliance is achieved.</p> <p>5 Date of Compliance: 6.4.25</p>		

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	<p>-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> <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>						