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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155698 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>05/17/2023 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>BETHANY POINTE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP COD<br>1707 BETHANY RD<br>ANDERSON, IN 46012 |
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| F 0000<br><br>Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00403374, IN00403665, IN00403553 and IN00407878.</p> <p>Complaint IN00403374 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00403665 - Federal/state deficiencies related to the allegations are cited at F755.</p> <p>Complaint IN00403553 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00407878 - No deficiencies related to the allegation(s) are cited.</p> <p>Survey dates: May 15, 16, and 17, 2023.</p> <p>Facility number: 011045<br/>Provider number: 155698<br/>AIM number: 200380790</p> <p>Census Bed Type:<br/>SNF/NF: 24<br/>SNF: 31<br/>Total: 55</p> <p>Census Payor Type:<br/>Medicare: 19<br/>Medicaid: 23<br/>Other: 13<br/>Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 23, 2023.</p> | F 0000 |  |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE              | (X6) DATE  |
| Alicia Lambert  | Executive Director | 06/05/2023 |

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 disclosed 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.

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| F 0755<br>SS=D<br>Bldg. 00 | <p>483.45(a)(b)(1)-(3)<br/>Pharmacy<br/>Srvcs/Procedures/Pharmacist/Records<br/>§483.45 Pharmacy Services<br/>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review the facility failed to process and implement physician treatment orders for 1 of 3 residents reviewed for physician orders (Resident D).</p> | F 0755        | The submission of this plan of correction does not indicate and admission by Bethany Pointe Health Campus that the findings | 06/12/2023           |

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|                    | <p>Findings include:</p> <p>Resident D's clinical record was reviewed on 5/15/23 at 11:11 a.m. Diagnoses included allergic rhinitis, asthma, uncomplicated, atelectasis, dependence on supplemental oxygen, and cough.</p> <p>Her medications for August and September 2022 included fluticasone propionate spray (nasal steroid) 50 mcg (microgram)/actuation one spray to each nares daily, albuterol sulfate aerosol inhaler (bronchodilator) 90 mcg/actuation two puffs inhalation three times daily and every four hours as needed, montelukast (respiratory anti-inflammatory medication) 10 mg (milligram) daily and oxygen at 3 liters per nasal cannula continuously.</p> <p>She had a signed progress note from her pulmonologist, dated 8/31/22, and scanned into her electronic health record on 10/22/22 and 11/20/22. The progress note indicated the following was to be started on 8/31/22:</p> <p>a. Add humidity to her oxygen.</p> <p>b. Trelegy Elipta 100 mcg-62.5 mcg-25 mcg powder for inhalation (inhaled maintenance steroid) one puff daily. (The note indicated the prescriptions were sent to the facility.)</p> <p>b. Restart baby aspirin 81 mg daily.</p> <p>c. She was on fluticasone once daily. The plan was to increase fluticasone to two sprays twice daily. (The note indicated the order was sent to the facility.)</p> <p>During an interview with pulmonologist office</p> |               | <p>and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Bethany Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <ol style="list-style-type: none"> <li>Resident D was affected by alleged insufficient practice. Affected resident had discharged prior to time of survey.</li> <li>All residents have the potential to be affected by the alleged deficient practice. All licensed practical nurses and registered nurses have been educated on the guideline for medication orders policy.</li> <li>As a measure of ongoing compliance, the DHS or designee will complete a 100% audit on all residents to ensure accuracy of orders to be completed. DHS or designee will audit all residents with appointments weekly for 4 weeks, then 5 residents with appointments weekly for 2</li> </ol> |                      |

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|                    | <p>LPN 44, on 5/17/23 at 9:37 a.m., she indicated the scripts were normally sent to the long term care facilities. The Trelegy, aspirin, and the changes for fluticasone were to be started on 8/31/22.</p> <p>During an interview with LPN 15, on 5/17/23 at 10:21 a.m., she indicated she would review the notes from the doctor's office, and depending on what the medication orders were, she would put them in the computer. If she did not understand the orders, she would go to another nurse.</p> <p>During an interview RN 33, on 5/17/23 at 10:34 a.m., she indicated the pulmonologist orders would be towards the end of the progress note. She would put the orders in the computer system, sign and date the progress note, and scan it into the chart. At times, Resident D's paperwork did not always come back to the facility with her and they would either have to contact the doctor or the daughter to get it.</p> <p>During an interview with the DON, on 5/17/23 at 10:55 a.m., she indicated when a resident came back from an appointment the nurses should look through everything and input the orders. Sometimes they would receive faxes and anyone could scan them into the chart. This may have resulted in the nurses never even seeing Resident D's progress notes. When they received the notes, they should be reviewed, orders inputted into the computer, and if there were questions, they should reach out to the doctors' office and put in a progress note.</p> <p>A current facility policy, dated 12/31/22, titled "Guidelines for Medication Orders," provided by the Executive Director, on 5/17/23 at 11:48 a.m., indicated the following: "...4. Medication orders a. When recording medication orders specify: 1. The</p> |               | <p>months, then 3 residents with appointments weekly for 2 months, and 2 residents with appointments weekly for 1 month, or until 100% compliance is maintained.</p> <p>4. As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.</p> |                      |

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

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OMB NO. 0938-039

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|  | type, route, dosage, frequency, strength of the medication and reason for order...."<br><br>This Federal tag relates to Complaint IN00403665. |   |   |                      |   |