

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

PRINTED: 07/01/2025

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 06/09/2025	
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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00459484. IN00460545 and IN00460971.</p> <p>Complaint IN00459484 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00460545 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00460971 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 2 - 6 and 9, 2025.</p> <p>Facility number: 013644 Provider number: 155850 AIM number: 201381180</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 11 Medicaid: 57 Other: 15 Total: 83</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 6/17/2025.</p>			F 0000			

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

TITLE

(X6) DATE

Marti Carmean

Administrator

06/27/2025

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 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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F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on observation, interview and record review, the facility failed to store food in a sanitary manner related to undated and unlabeled foods and drinks for 1 of 1 kitchen areas observed. (Main kitchen) This issue had the potential to affect 82 of 83 residents who consumed food from the kitchen.</p> <p>Finding includes:</p> <p>During an initial tour of the kitchen, on 6/2/2025 at 9:50 A.M. with the Dietary Manager (DM), the following foods were observed in the walk-in cooler undated, unlabeled or expired: -a container of blue liquid, undated and unlabeled. -2 unopened packages of bologna with a use or freeze by date of 5/1/2025. -half a turkey breast, wrapped in saran wrap, undated and unlabeled.</p> <p>On 6/2/2025 at 10:30 A.M., the following foods were observed in the walk-in freezer undated or unlabeled: -2 Ziploc bags containing a pastry-rolled food item, undated and unlabeled. -1 bag of artichoke dip, unlabeled and undated. -multiple pieces of fish wrapped in saran wrap, unlabeled and undated. -a white piece of meat wrapped in saran wrap, unlabeled and undated. -a steak wrapped in saran wrap, unlabeled and undated.</p> <p>During an interview, on 6/2/2025 at 10:50 A.M., the Dietary Manager indicated all food products should have been dated and labeled and expired products thrown away.</p>			F 0812	<p>1 The unopened packages of bologna were immediately discarded upon the discovery. The half turkey breast was immediately discarded upon the discovery, The remaining foods in the Ziplock bags which included a pastry roll, artichoke dip, pieces of fish, white meat and a steak was discarded upon the discovery. There was no negative outcome related to the alleged deficient practice.</p> <p>2 Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3 The Dietary Manager and/or designee to educated dietary staff on proper storage, dating and use by dates by July 2, 2025. Administrator and/or designee will perform weekly sanitation audits with an emphasis on proper labeling and dating food items. Any items discovered during the audit will be discarded immediately.</p> <p>4 Sanitation audits will be forwarded to QAPI for review, results of these audits will review monthly for a period of 6-months or until compliance is achieved.</p> <p>5 Date of Compliance: 7/3/25</p>		07/03/2025

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F 9999 Bldg. 00	<p>On 6/3/2025 at 10:45 A.M., the Dietary Manager provided a policy titled, "Food Safety in Receiving and Storage" dated 6/20/2023 and indicated the policy was the one currently used by the facility. The policy indicated " ...Food will be received and stored by methods to minimized contamination and bacterial growth...are properly covered, labeled, dated with a use-by date...Mark them clearly to indicate the date by which the food shall be consumed or discarded...The day of preparation or day original container is opened shall be considered day 1..."</p> <p>3.1-19 (i)(3)</p> <p>3.1-14 PERSONNEL</p> <p>(e) Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual:</p> <p>(1) is a full-time employee in a training and competency evaluation program approved by the division; or</p> <p>(2) can prove that he or she has recently successfully completed a training and competency evaluation program approved by the division and has not yet been included in the registry.</p> <p>Facilities must follow up to ensure that such individual actually becomes registered.</p>			F 9999	<p>1 C.NA #4 renewed her certificate on June 10, 2025. There was no negative outcome related to the alleged deficient practice.</p> <p>2 Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3 C.NA # 4 was educated by the Administrator on the expectation of renewing the certificate before the expiration date.</p> <p>Facility Human Resources performed an audit to ensure no other staff members had an expired license and/or expired certificated.</p> <p>4 Expired Licensing reports will be forwarded to QAPI for review, results of those audits with be</p>		07/04/2025

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	<p>(f) A facility must check with all state nurse aide registries it has reason to believe contain information on an individual before using that individual as a nurse aide.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a Certified Nursing Assistant (CNA) maintained a current registration with the State of Indiana for 1 of 38 CNA's whose employee records were reviewed. (CNA 4)</p> <p>Finding includes:</p> <p>During a review of employee records on 6/9/2025 at 2:52 P.M., it was noted that CNA 4's registration had expired on 4/6/2025. Review of the current employee schedule indicated CNA 4 continued to work as a CNA providing care despite having an expired certificate.</p> <p>During an interview on 6/9/2025 at 4:12 P.M., the DON indicated that CNA 4 should not have been working after 4/6/2025.</p> <p>On 6/9/2025 at 4:10 P.M., the DON indicated they did not have a policy for tracking registrations of CNA's. The DON indicated the corporate Human Resources Department (HR) sent an email weekly with a list of registration renewals coming due for current employees. She indicated for some reason, HR had missed the upcoming renewal date for CNA 4.</p>				<p>reviewed monthly for a period of 6-months or until compliance is achieved.</p> <p>5 Date of Compliance: 7/3/25</p>		