STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155698	A. BUILDING 00 B. WING	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHANY POINTE HEALTH CAMPUS	1707 BETHANY RD ANDERSON, IN 46012

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00432702. Complaint IN00432702 - State deficiencies related to the allegations are cited at R0052. Survey date: May 2, 2024 Facility number: 011045 Residential Census: 49 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed May 9, 2024.	R 0000		
R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility failed to prevent the elopement of a cognitively impaired resident from a secured dementia care unit by failing to respond to an external door alarm, resulting in the resident being found, unsupervised, behind the facility in the Independent Villa area of the campus, for 1 of 3 cognitively impaired residents reviewed for elopement (Resident B), Findings include:	R 0052	The submission of this plan of correction does not indicate and admission by Bethany Pointe Health Campus that the findings 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	05/27/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Alicia Lambert	Executive Director	05/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155698	A. BUILDING 00 B. WING	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHANY POINTE HEALTH CAMPUS	1707 BETHANY RD ANDERSON, IN 46012

(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
	Review of a facility reportable, dated 4/16/24 at 2:11 p.m., indicated Resident B had eloped from the secured facility and was located outside of the building, on campus. The clinical record for Resident B was reviewed on 5/2/24 at 9:42 a.m. Diagnoses included dementia, psychotic disorder with delusions, major depressive disorder and anxiety. A Semi Annual Service Plan, dated 3/5/24, indicated Resident B had severe cognitive impairment, was independent with transfers, required supervision or escort for mobility due to requiring assistance to find her way, and was an elopement risk. A Elopement Risk Review, dated 3/21/24, indicated Resident B had a history of exit seeking, voiced statements of leaving and exhibited periods of pacing, agitation and wandering toward exits. Approaches to prevent elopement indicated the resident was to be observed for elopement attempts. An Exit Seeking Event, completed on 4/15/24 at 9:36 p.m., indicated Resident B had been found by CNA 2, and had exhibited behaviors of wandering with no rational purpose and attempts to open doors prior to exit seeking. A timeline of events, dated 4/15/24, provided by the Administrator on 5/2/24 at 11:22 a.m. and compiled by information obtained from video surveillance, indicated the following: At 7:28 p.m., Resident B was observed pushing on the interior door of the building.		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. 1 Resident B was affected by alleged insufficient practice. Resident B continues to reside at the memory care assisted living unit of health campus. Resident B has shown no psychosocial distress related to event. Service plan reviewed and updated as indicated for Resident B. 2 All residents have the potential to be affected by the alleged deficient practice. All staff educated on elopement guidelines and procedures. The Director of Plant Operations (DPO) installed noise enhancers on 100% of exterior door alarms at the Legacy Neighborhood to increase the sound of the alarm to be heard throughout the building. 3 As a measure of ongoing compliance, the Legacy Neighborhood Director (LND) or designee will complete conduct elopement drills on varying days and shifts 3 times weekly for 4 weeks, then 2 times weekly for 4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155698	A. BUILDING 00 B. WING	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHANY POINTE HEALTH CAMPUS	1707 BETHANY RD ANDERSON, IN 46012

(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
	At 7:29 p.m., Resident B entered the walkway between the interior door and exterior door. Another resident was observed holding open the interior door and assisted Resident B back inside the facility and shut the interior door. At 7:30 p.m., Resident B was observed returning to interior door and pushed the door open again and entered the walkway between the interior door and exterior door. At 7:31 p.m., Resident B exited the exterior door. At 7:35 p.m., QMA 3 was observed to approach the interior door, disable the alarm, and then exited the facility to scan outside. QMA 3 re-entered the facility. At 7:37 p.m., CNA 2 was observed exiting the building. During an interview on 5/2/24 at 10:47 a.m., the Administrator indicated CNA 2 and QMA 3 had been providing resident care for two other residents in their rooms. They were the only employees in the building at the time of the elopement. When the outside doors were pressed, they gave off a chirping sound for 15 seconds, then an alarm and the door opened. According to the surveillance timeline, it was seven minutes from the time the alarm sounded until staff were alerted to the alarm. During a telephone interview on 5/2/24 at 12:57 p.m., QMA 3 indicated she was providing care to a resident in their room. When the care was completed, the QMA exited the resident's room and heard an alarm. She went to the front doors and immediately began an internal head count. The QMA observed CNA 2 coming out of a		weeks, then weekly for 4 weeks, then monthly for 3 months, or until 100% compliance is maintained. 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155698	A. BUILDING 00 B. WING	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHANY POINTE HEALTH CAMPUS	1707 BETHANY RD ANDERSON, IN 46012

(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
	resident's room and asked her to complete an external parameter search. Another staff member entered the building to start her shift and began to assist QMA 3 with the head count. QMA 3 was unsure how long CNA 2 was out of the building, but she returned with Resident B. QMA 3 had not realized Resident B had eloped until she returned with CNA 2. She estimated from the time she heard the alarm, until Resident B was back inside the building, to be 10-15 minutes. The last time she had observed Resident B was prior to going into the resident's room to provide care. Resident B was seated in the common area by the nurse's station with another resident. An investigation statement by CNA 4, dated 4/15/24, indicated the CNA was finishing a shower and providing bedtime care to a resident in his room. After assisting the resident out to the common area, the CNA heard the door alarm. The CNA exited the building to complete a perimeter search and located Resident B on the property in front of the Independent Villa Clubhouse, walking on the sidewalk. She had been easy to redirect back inside the facility. During an observation on 5/2/24 at 1:25 p.m. with the Administrator, the potential path taken by Resident B outside of the facility was walked. A timer indicated it had taken three and a half minutes to walk at a normal pace to the location the resident was found. During an interview on 5/2/24 at 2:01 p.m., the Administrator indicated the current alarm system did not alert throughout the facility. The current staffing for the 7:00 p.m. to 7:00 a.m. shift, was one QMA and one CNA. This staffing may change based on facility census.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155698	A. BUILDING 00 B. WING	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BETHANY POINTE HEALTH CAMPUS	1707 BETHANY RD ANDERSON, IN 46012

(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
	A current facility policy, reviewed 12/31/23, titled, "Guideline for Elopement/Missing Resident," provided by the Administrator on 5/2/24 at 11:22 p.m., included the following; "Procedure:...3. Door Alarm Sounding/Missing Resident a. Staff should respond promptly to a sounding door alarm...." This state residential finding relates to complaint IN00432702.			