

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155388	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2025
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NAME OF PROVIDER OR SUPPLIER CORE OF BEDFORD	STREET ADDRESS, CITY, STATE, ZIP COD 514 E 16TH ST BEDFORD, IN 47421
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(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 Complaint IN00448728.</p> <p>Complaint IN00448728 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey date: January 17, 2025</p> <p>Facility number: 000370 Provider number: 155388 AIM number: 100290790</p> <p>Census Bed Type: SNF/NF: 30 Total: 30</p> <p>Census Payor Type: Medicare: 3 Medicaid: 20 Other: 7 Total: 30</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 23, 2025.</p>	F 0000		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on interview and record review, the facility failed to ensure accurate reconciliation and disposition of controlled substances for 1 of 3 residents reviewed for medication reconciliation. (Resident B)</p> <p>Findings include:</p>	F 0755	<p>It is the policy of the facility to ensure accurate reconciliation and disposition of controlled medications.</p> <p>Affected residents: this has potential to affect all residents: No</p>	01/31/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Susan m Jordan	HFA	01/28/2025

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 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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	<p>During an interview on 1/17/25 at 9:45 a.m., the Administrator (ADM) indicated she was notified regarding missing pills for Resident B. The ADM's investigation singled out two nurses, the Director of Nursing (DON) and LPN 1, during the time the pills went missing. The facility never found the missing pills.</p> <p>On 1/17/24 at 9:50 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, malignant neoplasm of the breast, history of malignant neoplasm of the brain, and low back pain.</p> <p>An 11/7/24 physician's order indicated the resident was ordered oxycodone (a controlled substance medication used to treat moderate to severe pain) 7.5-325 milligrams every 6 hours, as needed for pain.</p> <p>A review of the drug disposal form did not indicate the resident's oxycodone was disposed.</p> <p>A review of the controlled substance inventory count sheet indicated one card was removed from the "A cart," on 12/4/24 for Resident B. The form did not contain the signatures of two licensed nurses for verification.</p> <p>During an interview on 1/17/25 at 10:41 a.m., the DON indicated she conducted an audit and discovered there was a discrepancy between the pill count and inventory sheet. Someone had signed off they had removed a card, but there was no initial so she did not know who pulled the medication. She asked LPN 1 if she removed the medication and LPN 1 informed the DON they had destroyed the pills on 12/4/24. She indicated two nurses should sign off on the drug disposal sheet</p>		<p>others were identified</p> <p>Systemic Changes: All Nurses were in-serviced on the Drug destruction policy. All Nurses were in-serviced on Narcotic Discrepancy Policy. The facility has initiated a Narcotic card count sheet for every change of shift. The facility has also initiated a controlled substance inventory control sheet. See attachment A-D</p> <p>Quality Measure: DON will audit daily for 6 months and will review in QAPI meeting for continued compliance.</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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	<p>when the drug was destroyed. The DON indicated she did not destroy Resident B's medication, rather it was different resident's medication.</p> <p>On 1/17/25 at 1:30 p.m., the ADM provided the facility policy, "DISPOSAL OF MEDICATIONS AND MEDICATION-RELATED SUPPLIES," dated 3/12/12, and indicated it was the policy currently being used. A review of the policy indicated, "... B. When a dose of a controlled medication is removed from the container for administration ... it is destroyed in the presence of two licensed nurses, and the disposal is documented on the accountability record on the line representing that dose ..."</p> <p>This citation relates to Complaint IN00448728</p> <p>3.1-25(e)(2) 3.1-25(e)(3)</p>			