STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNETT PLACE	3928 HORNE AVE, NEW ALBANY, , 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 468321, 468331 and 468588. Intake 468321- State deficiency related to the allegations is cited at R0243 and R0297. Intake 468331 - State deficiency related to the allegations is cited at R0243 and R0297. Intake 468588 - No deficiencies related to the allegations are cited. Survey dates: March 12 and 13, 2026 Facility number: 004442 Residential Census: 30 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 22, 2026.	R 0000	**The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.***	

R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure physician ordered available medications for residents (Resident B and Resident E) were administered and not documented as not available for 2 of 4 residents reviewed for health services. Findings include: 1. The clinical record for Resident B was reviewed on 3/12/26. The resident's diagnosis included, but was not limited to, sjogren syndrome (autoimmune disorder). The February 2026 medication administration record (MAR) indicated the resident was to	R 0243	**The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** **1)Immediate actions taken for those residents identified:** **DHW immediately completed a MAR audit to ensure all medications were available for administration.** **2)How the facility identified other residents:** **All residents receiving medication services from the facility have the potential to be affected.** **3)Measures put into place/ System changes:** **DHW or designee to audit MAR to ensure all medications have been**	04/07/2026

	receive pilocarpine (medication for dry mouth) 5 mg (milligrams) three times a day at 8:00 a.m., 12:00 p.m. and 8:00 p.m. The pharmacy proof of delivery packing slip indicated the facility received 42 doses of the medication on 2/12/26 at 7:00 a.m. The February 2026 MAR indicated the resident did not receive the medication on the following dates and times: -2/13/26 at 8:00 p.m., due to the medication was not available -2/14/26 at 8:00 a.m., due to out of medication -2/14/26 at 12:00 p.m., with no reason documented -2/16/26 at 8:00 a.m. and 12:00 p.m., due to awaiting delivery from pharmacy -2/16/26 at 8:00 p.m., due to the medication was not available -2/17/26 at 8:00 a.m. and 12:00 p.m., awaiting delivery from pharmacy -2/17/26 at 8:00 p.m., due to medication was not available -2/18/26 at 8:00 a.m. and 12:00 p.m., due to awaiting delivery from pharmacy		**administered per provider orders. In servicing on rights of medication administration to be completed for all staff that administer medications.** **4)How the corrective actions will be monitored:** **DHW will be responsible for this plan of correction. DHW or designee to audit MAR for medication administration compliance 5x a week for 4 weeks, then 3 times a week for 4 weeks, then weekly until compliant x 3months.** **5)Date of compliance:4/7/26**	

	-2/18/26 at 8:00 p.m., due to the medication was not available -2/19/26 at 8:00 p.m., with no reason documented Between 3/12/26 and 3/13/26, during the survey period, Qualified Medication Aide (QMA) 6 indicated available medications should be administered as ordered by the physician and signed off on the medication administration record after administration. On 3/13/26 at 10:48 a.m., the Executive Director provided a current copy of the document titled "Documenting Medication Pass" dated 6/10/24. It included, but was not limited to, "Policy...Community QMAs will follow a consistent workflow to document all medications provided during a medication pass...All medications are administered per physician orders...." 2. The clinical record for Resident E was reviewed on 3/12/26 at 1:33 p.m. The resident's diagnoses included, but were not limited to, osteoporosis, malignant neoplasm of the left breast, depression, neuropathy, diabetes, urinary retention, hypertension and anemia. Review of the March 2026 MAR indicated the resident was to			

	receive the following medications: -Alendronate (medication for osteoporosis) 35 mg weekly at 8:00 a.m. on Saturday -Anastrozole (medication for breast cancer) 1 mg daily at 8:00 a.m. -Duloxetine (depression) 25 mg daily at 8:00 a.m. -Gabapentin (neuropathy) 300 mg three times daily at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -Metformin (diabetes) 500 mg daily at 8:00 a.m. -Nebivolol (high blood pressure) 10 mg daily at 8:00 a.m. -Tamsulosin (urinary retention) 0.4 mg daily at 8:00 a.m. -Furosemide (high blood pressure) 40 mg daily at 8:00 a.m. -Potassium Chloride (supplement) 20 meq (milliequivalents) daily at 8:00 a.m. -B-complex 50 sustained release (supplement) daily at 8:00 a.m. The clinical record lacked documentation of the administration of the resident's			

	medications on the following dates and times: -Alendronate on 3/7/26 -Anastrozole on 3/6/26 -Duloxetine on 3/6/26 -Gabapentin on 3/6/26 at 8:00 a.m. -Metformin on 3/6/26 -Nebivolol on 3/3/26 and 3/6/26 -Tamsulosin on 3/1/26 and 3/6/26 -Furosemide on 3/6/26 -Potassium Chloride on 3/1/26 and 3/6/26 -B-complex 50 sustained release on 3/6/26 This Citation relates to Intakes 468321 and 468331			
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in	R 0297	**The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged***	04/07/2026

	accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure medications for a resident (Resident B) were available for administration, from the pharmacy, for 1 of 4 residents reviewed for pharmacy services. Findings include: The clinical record for Resident B was reviewed on 3/12/26 at 9:53 a.m. The resident's diagnoses included, but were not limited to, irritable bowel syndrome (IBS) and morbid obesity. The February 2026 medication administration record indicated, on 2/19/26, the resident was to receive the following medication: -Viberzi (medication for IBS) 75 mg (milligrams) twice daily at 8:00 a.m. and 8:00 p.m. The March 2026 medication administration record indicated on 3/1/26, the resident was to receive the following medication: -Contrave (weight loss medication) 8-90 mg, 2 tablets twice daily at 8:00 a.m. and 8:00 p.m.		***or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** ***1)Immediate actions taken for those residents identified:*** DHW immediately audited the MAR and medication cart to ensure all medications were available for administration as ordered. ***2)How the facility identified other residents:*** All residents receiving medication services by the facility have the potential to be affected. **3)Measures put into place/ System changes:** DHW to audit MAR and medication carts to ensure all medications continue to be available for administration as ordered. In servicing to be provided on medication policies and procedures and rights of medication administration. **4)How the corrective actions will be monitored:**	

	Review of the February and March 2026 pharmacy proof of delivery packing slip, the medications were not delivered to the facility from the pharmacy for administration. The clinical record lacked documentation of physician's notification and pharmacy notification of the unavailability of the medications. Between 3/12/26 and 3/13/26, during the survey period, Qualified Medication Aide (QMA) 6 indicated if a medication was not available to administer, the Director of Nursing would be notified to follow up on the unavailable medication. During an interview, on 3/13/26 at 11:52 a.m., the Executive Director indicated if a medication was unavailable, the staff should follow the policy related to unavailable medications. On 3/13/26 at 10:48 a.m., the Executive Director provided a current copy of the document titled "Medication Refills" dated 6/10/24. It included, but was not limited to, "Policy...Medication refills will be obtained in a timely manner to ensure residents have all physician or other healthcare practitioner ordered medications available...QMAs on each shift are responsible for		DHW/ Designee will be responsible for this plan of correction. DHW/Designee to audit MAR and medication cart 5x a week for 4 weeks, then 3 days a week for 4 weeks, then weekly until compliant x3 months to ensure all medications are consistently available for administration. **5)Date of compliance:4/7/26**	

	making the necessary reminder and follow-up calls/faxes to assist with the receipt of the medications...." This Citation relates to Intakes 468331 and 468321.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURESteffani Dranchak	TITLERN	(X6) DATE04/04/2026