STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155523	A. BUILDING 00 B. WING	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	5911 STATE ROAD 46 ELLETTSVILLE, IN 47429

(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	This visit was for the Investigation of Complaint IN00406639. Complaint IN00406639 - Federal/State deficiencies related to the allegations are cited at F602. Survey date: April 20, 2023 Facility number: 000558 Provider number: 155523 AIM number: 100267550 Census Bed Type: SNF/NF: 56 Total: 56 Census Payor Type: Medicare: 8 Medicaid: 31 Other: 17 Total: 56 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed April 24, 2023.	F 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.*	
F 0602 SS=D Bldg. 00	483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jacqueline Routt | HFA | 05/09/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	resident's medical symptoms. Based on interview and record review, the facility failed to protect the resident's right to be free from the misappropriation of resident property for 1 of 3 residents reviewed for misappropriation of medications. (Resident B) Findings include: Resident B's clinical record was reviewed on 4/20/23 at 10:30 a.m. The diagnoses included, but were not limited to, congestive heart failure and chronic pain. Physician orders, dated 3/1/23 through 4/20/23, indicated the medications for Resident B included, but were not limited to: Lorazepam (an antianxiety) 0.5 mg (milligrams) three times a day prn (as needed). The end date for the medication was 4/2/23. A review on 4/20/23 at 12:15 p.m., of the Controlled Drug Record for Resident B indicated 25 lorazepam tablets were remaining for disposition on 4/3/23. A review on 4/20/23 at 12:20 p.m., of a handwritten note indicated 19 lorazepam tablets were destroyed on 4/15/23, for Resident B. There were 6 lorazepam tablets unaccounted for between 4/3/23 through 4/15/23. During an interview on 4/20/23 at 11:00 a.m., License Practical Nurse (LPN) 1 indicated Resident B's lorazepam was discontinued on 4/2/23. Her and LPN 2 pulled the medication card from the cart and LPN 2 indicated she would destroy the medication. LPN 1 was unsure why the medication was not destroyed. LPN 1 had not	F 0602	**F602 Free from Misappropriation /Exploitation** **1) Immediate actions taken for those residents identified:** Resident B medications were audited to ensure there were no further missing meds. None noted. Resident B did not experience any negative effects from the missing medication due to the medication was changed and resident did not miss any doses of the prescribed medication. **2) How the facility identified other residents:** * Any resident with a change in physician orders related to controlled substances has the potential to be affected by the alleged deficient practice. * An audit was completed on current residents to ensure all controlled substances were correct and any discontinued medications were destroyed per facility policy. No further discontinued medications were noted. **3) Measures put into place/System changes:** · DON/ADON re-educated Licensed Nurses on 4/20/2023 with emphasis on misappropriation of resident property and	05/03/2023

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	witnessed the lorazepam being destroyed although the facility policy indicated two nurses were to witness the destruction. During an interview on 4/20/23 at 11:46 a.m., LPN 2 indicated her and LPN 1 removed the lorazepam from the medication cart for Resident B after the medication was discontinued on 4/2/23. She put the medication in the medication room but forgot about it and had not destroyed it. It was found later by another nurse and destroyed. During an interview on 4/20/23 at 12:01 p.m., LPN 3 indicated he was working on 4/15/23, when LPN 4 indicated she had found some lorazepam for Resident B in the medication room that should have been destroyed. He and LPN 4 destroyed 19 lorazepam tablets on 4/15/23. During an interview on 4/20/23 at 12:15 p.m., LPN 4 indicated she was working day shift on 4/15/23. She was searching the medication room for another resident's medication when she found a medication card of Resident B's lorazepam 0.5 mg in the cabinet above of the sink. Resident B's medication card of lorazepam 0.5 mg had 19 pills remaining. The drug disposition record dated 4/3/23, indicated 25 remaining pills on the card were disposed on 4/3/23. The cabinet above the sink was not a place they would store medications. On 4/20/23 at 2:22 p.m., Executive Director (ED) provided the facility policy, "Freedom From Abuse, Neglect, and Exploitation," dated 3/5/20, and indicated this was the policy currently being used by the facility. A review of the policy indicated ..."Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent		medication disposition procedure. · DON/Designee will ensure all controlled substances are destroyed per facility polic **4) How the corrective actions will be monitored:** · The DON/Designee will complete a random audit of 3 residents 5 days a week for 4 weeks, then 3 residents 3 days a week for 4 weeks, then 3 residents 1 day a week for 4 weeks, then 3 residents monthly x 3 months to ensure narcotic count is correct and medications are destroyed per facility policy. · The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliances is achieved for 3 consecutive months. · The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. . Date of Compliance:05/03/2023	

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	use of a resident's belongings or money without the residents consent ..." This Federal tag relates to Complaint IN00406639. 3.1-28(a)			