

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Beaumont Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N Madison Ave Anderson, IN 46011	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review, the facility failed to ensure residents were assisted with bathing per their preference and as scheduled for 5 of 5 residents reviewed for activities of daily living (ADLs). (Residents B, C, D, E, F) Findings include: 1. Resident B's clinical record was reviewed on 3/30/26 at 11:39 a.m. Diagnoses included paraplegia and morbid severe obesity due to excess calories. An admission MDS (Minimal Data Set) Assessment, dated 12/26/25, indicated Resident B preferred bed baths every Tuesday and Friday between 2:00 p.m. to 10:00 p.m. Review of a current care plan for ADLs, revised 3/24/26, indicated the resident preferred a bed bath every Tuesday and Friday from 2:00 p.m. to 10:00 p.m. Review of facility shower sheets and Documentation Survey Reports for January 2026 through March 2026, indicated in January 2026, the resident did not receive scheduled bed baths on the following dates: 1/6, 1/9, 1/13, 1/23, and 1/30. In February 2026, the resident did not receive scheduled bed baths on the following dates: 2/3, 2/6, 2/13, and 2/23. In March 2026, the resident did not receive scheduled bed baths on the following dates: 3/6, 3/17, and 3/20. 2. Resident C's clinical record review was reviewed on 3/30/26 at 1:05 p.m. Diagnoses morbid severe obesity due to excess calories and paraplegia. An admission MDS assessment, dated 1/5/26, indicated the resident preferred showers on Tuesdays and Fridays between 6:00 a.m. and 2:00 p.m. Review of a current care plan for ADLs, dated 1/5/26, indicated Resident C preferred showers on Tuesdays and Fridays between 6:00 a.m. and 2:00 p.m. Review of facility shower sheets and Documentation Survey Reports for January 2026 through March 2026, indicated in January 2026 the resident did not receive scheduled showers on the following dates: 1/23, 1/27, and 1/30. In February 2026 the resident did not receive scheduled showers on the following dates: 2/3, 2/5, 2/10, 2/17, and 2/20. In March 2026 the resident did not receive scheduled showers on the following dates: 3/3, 3/6, 3/10, 3/17, and 3/20. 3. Resident D's clinical record was reviewed on 3/31/26 at 8:30 a.m. Diagnoses included paraplegia. A quarterly MDS assessment, dated 1/10/26, indicated the resident preferred showers/bed baths on Mondays, Wednesday and Fridays in the evenings. Review of a current care plan for ADLs, dated 11/7/25, indicated Resident D preferred showers/bed baths on Mondays, Wednesdays, and Friday evenings. Review of facility shower sheets and Documentation Survey Reports for January 2026 through March 2026, indicated in January 2026, the resident did not receive scheduled bed baths on the following dates: 1/7, 1/9, 1/12, 1/14, 1/16, 1/21, 1/23, and 1/28. In February 2026, the resident did not receive scheduled showers on the following dates: 2/2, 2/4, 2/11, 2/13, 2/16, 2/18, 2/20, 2/23, 2/25, and 2/27. In March 2026, the resident did not receive scheduled showers on the following dates: 3/2, 3/6, 3/9, 3/16, 3/18, and 3/25. During an interview on 3/31/26 at 12:05 p.m., Resident D indicated recently the lack of bathing had improved. The resident indicated he had gone an extended period of time without receiving a shower or bed bath. 4. Resident E's clinical record was reviewed on 3/31/26 at 11:19 a.m. Diagnoses included acute respiratory failure with hypoxia and obesity. An admission MDS assessment, dated 1/9/26, indicated the resident preferred showers/bed baths on Wednesdays and Saturdays between 2:00 p.m. and 10:00 p.m. Review of a current care plan for ADLs, dated 1/5/26, indicated Resident E preferred showers on Wednesday and Saturdays between 2:00 p.m. and 10:00 p.m. Review of facility shower sheets and Documentation Survey Reports for January 2026 through March 2026, indicated in January 2026 the resident did not (continued on next page)</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>receive scheduled showers on the following dates: 1/7, 1/10, 1/14, and 1/31. In February 2026, the resident did not receive scheduled showers on the following dates: 2/11, 2/14, and 2/25. In March 2026, the resident did not receive scheduled showers on the following dates: 3/14, 3/18, 3/25, and 3/28. During an interview on 3/31/26 at 1:00 p.m., Resident E indicated showers were frequently not given as scheduled. The resident indicated she had to go to physician appointments feeling unclean and uncomfortable. She had to apologize for the state she was in during a recent outside appointment. 5. Resident F's clinical record was reviewed on 3/31/26 at 10:05 a.m. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left dominant side. A quarterly MDS assessment, dated 2/18/26, indicated the resident preferred showers on Tuesday and Friday evenings. Review of a care plan for ADLs, dated 1/5/26, indicated Resident F preferred showers on Tuesdays and Fridays in the evening. Review of facility shower sheets and Documentation Survey Reports for January 2026 through March 2026, indicated in January 2026, the resident did not receive scheduled showers on the following dates: 1/6, 1/9, 1/13, 1/23, and 1/30. In February 2026, the resident did not receive showers on the following dates: 2/3, 2/6, 2/10, 2/13, and 2/24. In March 2026, the resident did not receive scheduled showers on the following dates: 3/6, 10, and 3/20. During an interview on 3/31/26 at 9:17 a.m., the Administrator indicated the facility had identified a trending concern related to residents not getting showers on 3/18/26. The facility initiated an investigation and determined the concern had validation. The facility had initiated interventions to address the concerns, provided staff re-education and initiated audits to monitor compliance on 3/19/26. During an interview on 3/31/26 at 2:00 p.m., QMA 1 indicated employee absences caused staffing issues. Showers were not always given as scheduled, but it was getting better. During an interview on 3/31/26 at 1:55 p.m., the DON indicated showers were to be documented in the electronic record. Shower sheets were also provided for review and confirmed the Documentation Survey Reports documentation. A current facility policy, dated 12/1/23 and titled Physician Services and Orders was provided by the DON on 3/31/26 at 2:58 p.m. The policy indicated the following: . Procedure .11. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded in the resident's medical record during that shift. This citation relates to Intakes 2965192 and 2807975.410 Indiana Administrative Code (IAC) 3.1-38(a)(3)</p>		