STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155005	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaumont Rehabilitation and Healthcare Center	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)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Resident Personal Funds Accounts were closed within 30 days of resident's discharge and the funds balances were returned at that time for 2 of 3 residents reviewed for management of resident funds (Residents F and J). Findings include:Confidential interviews were conducted during the survey. During a confidential interview, the following concerns were expressed regarding Resident Personal Funds management: A resident's Resident Personal Funds Account was not closed within 30 days of discharge. Both the resident and their new facility contacted the facility and did not receive assistance in receiving the resident's remaining funds within 30 days of the resident's discharge. The funds were returned after approximately 60 days. The resident did not have access to their money for that period of time. During an interview on 6/17/26 at 11:17 a.m., the Corporate Senior Business Office Manager indicated the facility did not have a written policy or procedure regarding the closure of Resident Personal Funds Accounts. The facility instead followed the regulation and closed accounts within 30 days of discharge. The previous Business Office Manager had not closed some resident funds accounts within 30 days of discharge, in error. On 6/17/26 at 11:17 a.m., Resident Person Funds Account were reviewed with the Corporate Senior Business Office Manager, who was operating as the interim Business Office Manger at the facility until the position was filled. Resident F's account information indicated the following: a. The resident was discharged from the facility on 3/24/26.b. Resident F's Social Security Check was received in the facility on 5/4/26 (41 days after the resident's discharge) and was direct deposited into the Residents Personal Funds Account, which had not been closed.c. A check for the amount of the Social Security deposit (79.00) plus one cent (.01) interest was not processed to be mailed until 5/22/26. (18 days after the check was wrongly received). d. The account was recorded as closed on 5/21/26 (59 days after the resident was discharged from the facility). Resident J's account information indicated the following: a. The resident was discharged from the facility on 4/3/36.b. The resident received two Social Security checks in the amount of 1,659.00 each. The first was received on 4/3/26 (the day of discharge). The second was received on 5/1/26 (30 days after discharge).c The resident's account indicated it was closed and a check in the amount of $2,526.98 sent on 5/12/26 (40 days after discharge). During an interview on 6/17/26 at 11:26 a.m., the Corporate Senior Business Office Manger indicated Social Security checks would be rejected and returned to the Social Service Office after an account was closed. She additionally indicated errors occurred under the previous Business Office Manger. A current, undated, facility policy titled, [NAME] Rehabilitation & Healthcare Center Internal Policy & Procedure Maintaining Resident Accounts in RFMS, provided by the Administrator via email on 6/17/26 at 12:45 p.m. indicated he following: Facility process for residents' withdrawing funds from resident trusts fund is as follows: .Check requests, if a resident requests a check be sent to an individual or entity that can request such, the facility has twenty-four hours to process such requests This citation relates to Intake 3020497. 410 IAC (Indiana Administrative Code) 16.2-3.1-6(h)

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