

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER Ossian Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Davis Rd Ossian, IN 46777	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>Based on interview and record review, the facility failed to ensure behavioral health services were provided for 1 of 1 resident reviewed (Resident 11). Findings Include: Resident 11's record was reviewed on 4/20/2026 at 12:21 PM. Diagnoses included bipolar disorder unspecified, anxiety disorder unspecified, post-traumatic stress disorder (PTSD) chronic, and major depressive disorder (MDD) recurrent. A review of Resident 11's current annual MDS indicated their Basic Interview for Mental Status (BIMS) score was 15, cognitively intact. A review of Resident 11's current care plan titled I have a PASRR Level II without specialized services related to mental illness indicated the resident had a problem of receive services as indicated in the PASRR Level II outcome with a goal date of 6/18/2026. Interventions included providing supportive counseling. A plan titled I have had a recent loss of mother in 2026 indicated the resident had a problem of needing assistance through the grieving process with a goal date of 6/18/2026. Interventions included offering mental health services as needed. A review of a psychotherapy diagnostic assessment, dated 9/22/2025, indicated psychotherapy may be beneficial in decreasing symptoms, improving overall functioning and maintaining the resident's improvements regarding the diagnosis of major depressive disorder and generalized anxiety disorder. The assessment indicated Resident 11 was agreeable to psychotherapy 1-4 times a month over the next 12 months with the psychotherapist. The assessment also indicated the initial treatment frequency would be 1-4 times monthly. A review of psychotherapy progress notes, dated 10/21/2025, indicated Resident 11 was welcoming toward the therapist. The progress note indicated Resident 11 continued to participate in and benefit from psychotherapy services. A review of psychiatry progress notes, dated 2/17/2026, indicated Resident 11 indicated her mood was terrible and her heart was in a million pieces. The note indicated Resident 11 shared her mother had recently passed away and she was suffering from the loss. The note indicated Resident 11 was encouraged to speak with the psychotherapist related to her grief. The progress note did not indicate Resident 11 declined psychotherapy services or the therapist was notified. A review of psychiatry progress notes, dated 3/3/2026, indicated Resident 11 reported she was still struggling with the recent loss of her mother. The notes indicated Resident 11 was not interested in medication adjustments or psychotherapy services at that time. A review of psychiatry progress notes, dated 4/6/2026, indicated Resident 11 reported her mood was okay, but she was still struggling with the passing of her mother. Resident 11 indicated she was looking forward to talking with the psychotherapist, as she continued to struggle with her grief. A review of progress notes, dated 4/3/2026 at 6:51 AM, indicated Resident 11 requested to see a priest to be blessed. Resident 11 reported losing faith when her mother passed away. No additional psychotherapy notes were available for review. No progress notes indicated Resident 11 declined to meet with the therapist. In an interview, on 04/22/2026 at 1:01 PM, the Director of Nursing (DON) indicated the therapist had not seen the resident since October 2025. The DON indicated the therapist attempted to meet with the resident in November 2025 however, the resident refused. The DON indicated the therapist did not document a note after Resident 11 refused in November 2025. In an interview, on 04/22/2026 at 1:58 PM, Resident 11 indicated she had met with (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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the therapist however, they did not meet with her often and had only met a few times months prior. Resident 11 indicated she was not sure why the therapist stopped coming to meet with her. Resident 11 indicated no one from the facility or other grief service providers came to speak with her after her mother's passing. Resident 11 indicated she had asked to talk to someone and had also requested to have a priest come. Resident 11 indicated it had been very hard and she would have liked someone to talk to. In an interview, on 04/22/2026 at 2:22 PM, the Director of Social Services (DSS) indicated she called on 4/22/2026 for Resident 11 to be seen by a priest. The DSS indicated she called and requested for a priest to see the resident on 4/9/2026, however the priest was unable to see the resident when they came. The DSS indicated she did not have any documentation she requested Resident 11 be seen by a priest prior to 4/22/2026. The DSS indicated she should have documented when she made the call on 4/9/2026 and when she was made aware the priest did not see Resident 11. In an interview, on 04/24/2026 at 9:59 AM, the DSS indicated she spoke with the psychotherapist. The psychotherapist indicated she saw Resident 11 after her mother's death but did not document the visit. The DSS indicated the last documented note of the therapist meeting with Resident 11 the facility had was from October 2025. The DSS indicated she could not find any notes of Resident 11 being seen for counseling services after her mother's death. The DSS indicated she met with Resident 11 after her mother's death however, she was unable to locate any progress notes of her meeting with Resident 11 specific to the resident's mother. A current policy dated 3/5/2024 provided by the Administrator indicated, Ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning. 410 IAC (Indiana Administrative Code) 16.2-3.1-31(a)(1)</p>		