STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155388	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Core of Bedford	514 E 16th St Bedford, IN 47421

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 35318 Based on interview and record review, the facility failed to ensure a resident's representative was notified of an assessed significant weight loss for 1 of 3 residents reviewed for notification of change. (Resident B) Findings include: On 3/6/25 at 11:25 a.m., Resident B's clinical record was reviewed. The diagnosis included, but was not limited to, dementia with behavior disturbance. A review of Resident B's weights indicated the following: - On 1/2/25, the resident weighed 156.8 pounds. - On 1/17/25, the resident weighed 157.1 pounds. - On 1/23/25, the resident weighed 144.2 pounds. - On 1/30/25, the resident weighed 146.2 pounds. - On 2/11/25, the resident weighed 137.4 pounds. - On 2/19/25, the resident weighed 127.9 pounds. There was an assessed significant weight loss of 18.59% from 1/17/25 to 2/19/25. The resident's progress notes indicated the following: - A Nutrition/Dietary note from 2/17/25 at 12:30 p.m., indicated Resident B had a significant change of 19.4 pounds and 12.4% weight loss over 30 days. The clinical record for Resident B lacked documentation of the resident's representative having been notified of the assessed significant weight loss. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/6/25 at 12:00 p.m., the Minimum Data Set Coordinator (MDS) indicated the resident had lost weight and the resident's representative should have been notified but was not. On 3/6/25 at 1:15 p.m., the Administrator provided the facility policy, Family Notification of Changes to a Resident's Plan of Care, dated 7/2009, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Policy: It is the policy of this facility to immediately inform the resident . notify the resident's legal representative . when there are changes to the resident's care . This citation relates to Complaint IN00454567. 3.1-5(a)(2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 35318 Based on interview and record review, the facility failed to ensure a fall was documented for 1 of 3 residents reviewed for accidents. (Resident B) Findings include: On 3/6/25 at 11:25 a.m., Resident B's clinical record was reviewed. The diagnosis included, but was not limited to, dementia with behavior disturbance. The resident's nursing progress notes indicated the following: - On 2/8/25 at 1:47 p.m., new orders for X-ray of right ribs, right femur, right hip, total views of all X-rays. - On 2/8/25 at 2:45 p.m., follow-up day 2 of 3 awaiting X-rays of right ribs, right femur and right hip due to complaints of pain with movement. - On 2/9/25 at 7:20 a.m., nurse was notified by CNA's that resident was unable to straighten right leg, while assessing resident it was noted pain and discomfort while attempting to change and reposition resident. He was noted to have a recent fall on 2/6/25 and orders were obtained 2/8/25 for X-rays. - On 2/9/25 at 8:05 a.m., hospital ambulance arrived to transport resident to emergency room for evaluation and treatment. - On 2/9/25 at 11:15 a.m., resident returned to facility via ambulance stretcher. The resident was treated for a right hip contusion. The clinical record for Resident B lacked documentation of the resident having had a fall on 2/6/25. During an interview on 3/6/25 at 12:00 p.m., the Minimum Data Set Coordinator (MDS) indicated Resident B's last fall was on 2/2/25, and was unaware of the resident having had a fall on 2/6/25. During an interview on 3/6/25 at 12:23 p.m., RN 1 indicated Resident B had a fall during the night shift on 2/6/25. She worked the next day and was the nurse who ordered the X-rays due to the resident's pain in the right leg. On 3/6/25 at 1:22 p.m., the Administrator provided the facility policy, Procedure for Falls, undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Procedure for Falls 6. Chart incident in nurses notes . This citation relates to Complaint IN00454567. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-50(a)(2)