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	02/20/2025

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50647 Based on interview and record review, the facility failed to ensure a resident's choice of code status was documented accurately for 1 of 3 residents reviewed for advanced directives. (Resident 12) Finding includes: On [DATE] at 2:37 p.m., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease and a history of transient ischemic attack (temporary blockage of blood flow to the brain, causing stroke like symptoms). The Advanced Directives, a choice of treatment document, dated [DATE], was signed by the Resident's POA (power of attorney), and indicated the resident was to be comfort measures only (No CPR to be performed). The Physician's Orders, dated [DATE], indicated resident had a current order for CPR (cardiopulmonary resuscitation). A Provider Note, dated [DATE], indicated the resident's advanced directive was DNR (do not resuscitate). A Provider Note, dated [DATE], indicated the resident's advanced directive was DNR. A Provider Note, dated [DATE], indicated the resident's advanced directive was DNR. No additional documentation was in the clinical record to reflect the change in advanced directive. During an interview with the Administrator on [DATE] at 11:05 a.m., she indicated she was unsure why the advanced directive was changed. The Administrator indicated there was no documentation noted in the record indicating a request from the POA to change resident's advanced directive from DNR to CPR. During an interview with the DON on [DATE] at 11:00 a.m., she indicated that according to resident's medical record and current order, the code status was CPR. She indicated that staff would initiate CPR, if needed (contradictory to the resident's advanced directive). (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 12:00 p.m., the Administrator provided the choice of treatment policy. The policy was undated, the administrator indicated this was a current policy for the facility. The policy indicated . each resident is afforded the privilege of death with dignity if he/she so desires. In the event the resident is unable to make this determination and the family desires a NO CODE this wish shall be carried out . 3XXX,d+[DATE](f)(5)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 50647 Based on record review and interview, the facility failed to ensure an accurate assessment for 1 of 1 residents reviewed for resident assessment. (Resident 234) Finding includes: On 2/18/25 at 2:04 p.m., Resident 234's clinical record was reviewed. The diagnoses included, but not limited to, schizoaffective disorder (condition that combines symptoms of schizophrenia and a mood disorder) and dementia. Notice of PASARR (Preadmission Screening and Resident Review) Level II Outcome, dated 2/15/23, indicated, Final Determination By: Determination Date: 2/15/23, Level II Outcome: Long Term Approval without Specialized Services. A Significant Change MDS (Minimum Data Set) assessment, dated 9/24/24, did not indicate the resident was a PASARR level II. During an interview with the MDS coordinator on 2/20/25 at 10:10 a.m., she indicated section A1500 on MDS assessment, dated 9/24/24, was marked no in error and indicated it should have been marked yes for PASARR Level II. She indicated they did not have a MDS assessment coding policy, they followed the Resident Assessment Instrument (RAI) manual for coding the MDS assessment. On 2/20/25 at 11:30 a.m., a review of the RAI,Version 3.0 User's Manual, 10/2023, for section A1500 of MDS, Code 1, yes: if PASARR Level II screening determined that the resident has a serious mental illness and/or ID [Intellectual disability]/DD [Developmental disability] or related condition . 3.1-31(d)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 35318 Based on observation, interview, and record review, the facility failed to ensure oxygen tubing was labeled with the date for 1 of 3 residents reviewed for respiratory care. (Resident 1) Findings include: On 2/18/25 at 2:40 p.m., Resident 1 was observed sitting in his wheelchair outside his room with oxygen being administered via nasal cannula (N/C) at 4L (liters). There was no date observed on the N/C tubing. On 2/19/25 at 9:55 a.m., Resident 1 was observed sitting in his wheelchair in the dining room with oxygen being administered via N/C at 4L. There was no date observed on the N/C tubing. On 2/19/25 at 11:43 a.m., Resident 1 was observed sitting in his wheelchair in the dining room with oxygen being administered via N/C at 4L. There was no date observed on the N/C tubing. On 2/20/25 at 2:44 p.m., Resident 1 was observed sitting in his wheelchair inside his room with oxygen being administered via N/C at 4L. There was no date observed on the N/C tubing. On 2/20/25 at 10:42 a.m., Resident 1 was observed laying asleep in bed with oxygen being administered via N/C at 4L. There was no date observed on the N/C tubing. Resident 1's clinical record was reviewed on 2/18/25 at 3:09 p.m. The diagnoses included, but were not limited to, hemiplegia (paralysis) and traumatic brain injury. Current physician orders, dated 2/20/25, indicated, . O2 [oxygen] per nasal cannula at 4 lpm [liters per minute] every shift for low O2 sats [saturations] . During an interview on 2/20/25 at 10:20 a.m., the MDS (Minimum Data Set) Coordinator indicated the tubing was changed every Sunday, however, Resident 1 wanted a longer tubing so hospice brought it and must not have marked it with the date. During an interview on 2/20/25 at 10:39 a.m., the MDS Coordinator indicated Resident 1 did not have an order to change the oxygen tubing every Sunday. On 2/20/25 at 12:00 p.m., the Administrator provided the facility policy, Oxygen Concentrator, undated, and indicated it was a policy currently being used. A review of the policy did not indicated putting a date on the oxygen tubing. 3.1-47(a)(6)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34848 Based on observation, interview, and record review, the facility failed to ensure food was stored in accordance with professional standards for food service safety for 2 of 2 kitchen observations. Findings include: During an initial kitchen tour on 2/17/25 at 10:45 a.m., a large container containing opened bags of rice was observed without a lid in the dry storage area. During a follow-up visit on 2/20/25 at 12:01 p.m., the same rice container was observed uncovered in the dry storage area. During an interview at that time, the Dietary Manager indicated the container should have a lid since there were opened bags of rice in it. On 2/20/25 at 12:40 p.m., the Administrator provided a copy of the facility policy, Storage of Dry Food and Supplies, undated, and indicated it was the policy currently being used. A review of the policy indicated, . Use seamless or plastic containers with tight-fitting covers to store products . On 2/21/25 at 10:45 a.m., the Indiana State Department of Health, RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS. TITLE 410 IAC 7-24, dated 11/13/04, was reviewed. A review of the rule indicated, . food shall be protected from contamination by storing the food as follows: . (2) Where it is not exposed to splash, dust, or other contamination . (5) In packages, covered containers, or wrappings 3.1-21(i)(2) 3.1-21(i)(3)

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36912 Based on observation, interview, and record review, the facility failed to provide at least 80 square feet (sq. ft.) per resident in multiple occupancy resident rooms for 3 of 18 resident rooms in the facility. (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER]). Findings include: Review of the facility's Rooms Size Certification, received from the Administrator on 2/17/25 at 12:50 p.m., indicated the following: The floor areas of the following multiple resident rooms measured: room [ROOM NUMBER]: 2 beds, 153.19 sq. ft., 76.59 sq. ft. per resident, SNF/NF. room [ROOM NUMBER]: 2 beds 157.98 sq. ft., 78.99 sq. ft. per resident, SNF/NF. room [ROOM NUMBER]: 2 beds 152.97 sq. ft., 76.48 sq. ft. per resident, SNF/NF. room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER], were observed on 2/19/25 at 2:00 p.m The rooms were observed to have the following number of beds two beds in each room. During an interview on 2/19/25 at 2:10 p.m., the facility Administrator indicated room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER] had the room variance waivers. The rooms were licensed for double occupancy and currently had two beds in the room. 3.1-19(l)(2)(A)