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	03/19/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to ensure the appropriate discharge information was provided for 5 of 5 residents reviewed for hospitalization. Information was not communicated to the receiving health care institution or provider, Notice of Transfer and Discharge was not provided, bed hold policies were not provided. (Resident 4, Resident 6, Resident 8, Resident 17, Resident 36)Findings include: 1. On 3/16/26 at 11:23 a.m., Resident 6's clinical record was reviewed. The diagnosis included, but was not limited to COPD (chronic obstructive pulmonary disorder). On 1/15/26 at 3:25 a.m., a progress note indicated the resident was sent and admitted to the hospital. The clinical record lacked the following information: - Documentation that a written notice of transfer and discharge was provided to the resident and resident representative. - Documentation that the bed-hold policy was provided to the resident and/or resident representative. - Documentation that the required information was conveyed to receiving facility upon transfer. 2. On 3/16/26 at 12:03 p.m., Resident 8's clinical record was reviewed. The diagnosis included, but was not limited to cerebral infarction (stroke). On 3/10/26 at 8:54 a.m., a progress note indicated the resident was sent and admitted to the hospital. The clinical record lacked the following information: - Documentation that a written notice of transfer and discharge was provided to the resident and resident representative. - Documentation that the bed-hold policy was provided to the resident and/or resident representative. - Documentation that the required information was conveyed to receiving facility upon transfer. 3. On 3/16/26 at 11:23 a.m., Resident 17's clinical record was reviewed. The diagnosis included, but was not limited to, dementia. On 12/15/25 at 11:34 a.m., a progress note indicated the resident was sent and admitted to the (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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hospital. The clinical record lacked the following information: - Documentation that a written notice of transfer and discharge was provided to the resident and resident representative. - Documentation that the bed-hold policy was provided to the resident and/or resident representative. - Documentation that the required information was conveyed to receiving facility upon transfer. 4. On 3/17/26 at 2:31 p.m., Resident 4's clinical record was reviewed. The diagnoses included, but were not limited to, osteomyelitis (a serious infection of the bone), paraplegia (a medical condition causing impairment or loss of motor and sensory function in the lower half of the body), and cellulitis (a skin infection caused by bacteria entering through a break in the skin). A review of the resident's progress notes indicated the resident was transferred to the emergency room on 3/7/26 and returned to the long-term care facility on 3/16/26. The clinical record lacked the following information: - Documentation that a written notice of transfer and discharge was provided to the resident and resident representative. - Documentation that the bed-hold policy was provided to the resident and/or resident representative. - Documentation that the required information was conveyed to receiving facility upon transfer. 5. On 3/18/26 at 11:03 a.m., Resident 36's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia (a form of paralysis causing total or partial loss of voluntary movement, strength, or control on one entire side of the body), gastrostomy (a feeding tube placed through the abdomen into the stomach), and urinary tract infection. A review of the resident's progress notes indicated the resident was transferred to the emergency room on 1/10/26 and returned to the long-term care facility on 1/14/26. The clinical record lacked the following information: - Documentation that a written notice of transfer and discharge was provided to the resident and resident representative. - Documentation that the bed-hold policy was provided to the resident and/or resident representative. - Documentation that the required information was conveyed to receiving facility upon transfer. During an interview with the Administrator and Minimum Data Set (MDS) Coordinator on 3/18/26 at 3:05 p.m., it was indicated that the facility did not have documentation of; a written notice of transfer and discharge provided in writing to the resident and resident representative, a copy of the bed-hold policy was provided to the resident and/or resident representative, and that required information was (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	conveyed to receiving facility upon transfer on 5 of 5 residents reviewed. On 3/19/26 at 12:00 p.m., a copy of the Transfer and Discharge (including AMA [Against Medical Advice] policy, undated, was provided by the Administrator, she indicated this was a current policy used by the facility. A review of the policy indicated, .10. For transfer to another provider, for any reason, the following information must be provided to the receiving provider: a. Contact information of the practitioner who was responsible for the care of the resident, b. Resident Representative information, including contact information, c. Advanced directive information, d. All other information necessary to meet the resident's needs.e. All special instructions and/or precautions for ongoing care.12. Emergency Transfers/Discharges – initiated by the facility for medical reasons to an acute setting such as a hospital.c. For a transfer to another provider, ensure necessary information listed.is provided along with, or as part of, the facility's transfer form.f. Document assessment findings and other relevant information regarding the transfer in the medical record.g. Provide a notice of transfer and the facility's bed hold policy to the resident and the resident representative. 410 IAC (Indiana Administrative Code) 16.2-3.1-12(a)(6)(A)(i) 410 IAC 16.2-3.1-12(a)(6)(A)(ii) 410 IAC 16.2-3.1-12(a)(6)(A)(iii) 410 IAC 16.2-3.1-12(a)(25)(A)410 IAC 16.2-3.1-12(a)(25)(B)410 IAC 16.2-3.1-12(a)(26)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a clean, homelike environment in 3 of 4 resident shower/bathrooms used by 34 of 34 residents, and for 2 of 12 resident rooms reviewed for environmental concerns (Northeast Bathroom, Southwest Bathroom, Southeast Bathroom, room [ROOM NUMBER], room [ROOM NUMBER])Findings include:1. On 3/17/26 at 10:20 a.m. and 2:00 p.m., on 3/18/26 at 10:05 a.m. and 2:50 p.m., and on 3/19/26 at 11:20 a.m., gnats were observed flying around in the northeast resident bathroom. 2. On 3/17/26 at 9:50 a.m. and on 3/18/26 at 3:05 p.m., and black and brown substance was observed around the base of the toilet in the southwest resident bathroom. 3. On 3/17/26 at 9:55 a.m. and on 3/18/26 at 3:10 p.m., a gray fuzzy substance was observed on and in the ceiling vent, a black substance was observed around the base of the toilet, and the toilet was observed to be anchored at an angle towards the wall in the southeast resident bathroom. 4. On 3/16/26 at 11:16 a.m. and at 2:30 p.m., on 3/18/26 at 10:10 a.m., and on 3/19/26 at 11:55 a.m., gnats were observed flying around residents' beds and sink in room [ROOM NUMBER]. 5. On 3/18/26 at 10:15 a.m. and on 3/19/26 at 11:10 a.m., gnats were observed flying around residents' beds and sink in room [ROOM NUMBER]. The old floor-based heating/air conditioning unit was observed to be missing the base cover, exposing a black substance on the interior surface, and the wallpaper on the south wall was peeling off, exposing a brown substance on the wall beneath it. During an interview on 3/19/26 at 2:25 p.m., the facility Administrator indicated the aforementioned environmental concerns existed and were in need of correction. On 3/19/26 at 2:00 p.m., the facility Administrator provided the Resident Rights, dated 1997, and indicated these were the resident rights currently used by the facility. A review of the resident rights indicated, The facility must provide a safe, clean, comfortable, and homelike environment . 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)

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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** 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. This was observed in 3 of 18 resident rooms in the facility (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER]).Findings include: A review of the facility's Rooms Size Certification, received from the Administrator on 3/16/26 at 11:00 a.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], 6, and 8, rooms with the variances, were observed on 3/16/26. The rooms were observed to have the following number of beds:room [ROOM NUMBER] - 2 bedsroom [ROOM NUMBER] - 2 bedsroom [ROOM NUMBER] - 2 bedsDuring an interview on 3/16/26 at 11:00 a.m., the Administrator indicated rooms [ROOM NUMBER] had the variance waivers. The rooms were licensed for double occupancy and currently had two beds in the room. 410 IAC (Indiana Administrative Code) 16.2-3.1-19(l)(2)