STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155401	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ben Hur Health and Rehabilitation	1375 S Grant Ave Crawfordsville, IN 47933

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure medication administration error rate was less than 5 percent (%) when 2 errors were observed out of 28 medications observed for an error rate of 7.14% (Residents 61 and 47). Findings include:1. On 4/9/26 at 8:40 a.m., observed Registered Nurse (RN) 3 administer Vitamin B12 medication orally (swallow) to Resident 47. Reviewed the physician order with RN 3 for administration of the medication. The record indicated the medication was to be administered sublingually (under the tongue).On 4/9/26 at 8:45 a.m., during an interview, RN 3 indicated Resident 47 preferred to chew the medication. She indicated she would separate medications if they were designated to be administered by an alternate route, or if they were to be administered after clinical assessment. On 4/9/26 at 8:47 a.m., Licensed Practical Nurse (LPN) 4 spoke with Resident 47 and asked the resident if she wanted to chew the medication the resident indicated she did not know. On 4/9/26 at 8:55 a.m., during an interview Resident 47 indicated she did not know she had a medication that was to be given under her tongue and she did not know how she preferred it to be administered. On 4/9/26 at 11:30 a.m., the medical record of Resident 47 was reviewed. The resident was admitted to the facility on [DATE]. Diagnoses included, but not limited to, Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks).A physician order, dated 2/13/26, indicated to administer Flonase Allergy Relief spray, suspension, one spray each nostril once a day.Manufacture guidelines, prescribing information (FLONASE (fluticasone propionate) nasal spray Initial U.S. Approval: 1994) administration of medication indicated. Using your FLONASE nasal spray: Step 1. Blow your nose to clear your nostrils. Step 2. Close 1 nostril. Tilt your head forward slightly and, keeping the bottle upright, carefully insert the nasal applicator into the other nostril.A care plan, dated 1/31/25, indicated resident chooses to self-administer medication: topical creams, nasal sprays. Intervention included but not limited to provide education to resident on proper use of medication.A quarterly Minimum Data Set Assessment (MDS) dated [DATE] indicated the resident was mildly cognitively impaired.2. On 4/9/26 9:30 a.m., during a medication administration, Resident 61 requested RN 3 administered Flonase nasal medication. Observed RN 3 administer the medication. During administration to each nostril the nurse failed to hold opposite nostril closed when administering the nasal spray.On 4/9/26 at 9:35 a.m., during an interview RN 3 indicated she did not know if she should hold the opposite nasal closed when administering nasal medication.On 4/9/26 at 11:00 a.m., reviewed the medical record of Resident 61. The resident was admitted to the facility on [DATE]. Diagnoses included, but not limited to, cerebral infarction (CVA) stroke, congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), vitamin B12 deficiency anemia (a common blood disorder where you lack enough healthy red blood cells or hemoglobin to carry adequate oxygen to your body's tissues).A physician order, dated 5/12/25, indicated administer cyanocobalamin (vitamin B-12) tablet sublingual; 1,000 micrograms (mcg) once daily.A quarterly Minimum Data Set (MDS) assessment, dated 1/13/26, indicated the resident was cognitively intact.On 4/9/26 at 1:18 p.m., the Administrator provided a document titled, Medication administration (Medication Pass Procedure), dated 9/2012, and indicated it was the policy (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155401	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ben Hur Health and Rehabilitation	1375 S Grant Ave Crawfordsville, IN 47933

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	currently being used by the facility. The policy indicated, .Procedure steps: Standards for all medications.2. The 5 rights of medication performed: Right Resident, Right Medication, Right Dose, Right Route, Right time.410 IAC (Indiana Administrative Code) 16.2-3.1-37410 IAC (Indiana Administrative Code) 16.2-3.1-37(a)410 IAC (Indiana Administrative Code) 16.2-3.1-48(c)(1)