

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Richland Bean Blossom Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5911 State Road 46 Ellettsville, IN 47429	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>34848</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff served food that had a palatable texture and appearance for 1 of 1 test trays observed. (Resident 11, Resident 31, Resident 55, Resident 45, Resident 41, Resident 17)</p> <p>Findings include:</p> <p>During a resident council meeting on 5/7/25 at 10:01 a.m., Resident 11, Resident 31, Resident 55, Resident 45, and Resident 41, indicated if a meal included a wet item, such as corn, their bread was often soggy and unappetizing. They indicated they had told staff this was a problem multiple times and it was an ongoing problem.</p> <p>On 5/7/25 at 12:10 p.m., a test tray was obtained from the 300 hall cart. The meal included a hamburger on a bun, fried onion rings, and whole kernel corn on a flat plate. The corn was beneath the bun and a few onion rings were on top of the corn. The bottom of the hamburger bun and the onion rings placed on top of the corn were soggy.</p> <p>During an interview on 5/7/25 at 12:15 p.m., the Administrator did not deny the hamburger bun was soggy.</p> <p>During an interview on 5/7/25 at 12:20 p.m., Resident 17 indicated the onion ring and hamburger buns were soggy from the corn liquid.</p> <p>During an interview on 5/8/25 at 11:29 a.m., the Dietary Manager indicated he was not aware of the residents' concerns related to soggy food.</p> <p>1.3-21(a)(2)</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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