

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 12/09/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review, the facility failed to ensure narcotic pain medication was reconciled when it was delivered from the pharmacy. (Resident B) Findings include: During an interview on 12/9/25 at 8:23 a.m., the Administrator indicated, on 9/23/25, Licensed Practical Nurse (LPN) 1 reported that she was not able to locate Resident B's oxycodone-acetaminophen (narcotic pain medication) 7.5 milligrams (mg)-325 mg. When LPN 1 called the pharmacy, she was told that 30 oxycodone-acetaminophen 7.5-325 mg tablets had been delivered for Resident B on 9/21/25. LPN 2 had signed the delivery slip for the controlled medications that night but did not follow the proper procedure for reconciling the controlled medications that had been delivered with what was listed on the delivery slip before she signed for them. LPN 2 did not reconcile the narcotic medications she placed in the locked drawer on the medication cart with the narcotic disposition record. The oxycodone-acetaminophen 7.5-325mg that was delivered, on 9/21/25, was never located. LPN 2's employment had been terminated due to not following the facility policy and procedure for accepting and reconciling narcotic medications. The clinical record for Resident B was reviewed on 12/8/25 at 10:03 a.m. The diagnoses included, but were not limited to, dementia, pain disorder, and hypertension. A quarterly Minimum Data Set (MDS) assessment, dated 11/4/25, indicated Resident B was severely cognitively impaired and did not have any pain. A physician's order, initiated on 7/31/25, indicated oxycodone-acetaminophen 7.5-325 mg administer one tablet orally every 6 hours as needed for pain. The order was discontinued on 10/22/25. On 12/8/25 at 11:48 a.m., the Administrator provided a copy of a handwritten note, dated 9/29/25, and indicated this was the written statement given by LPN 2 regarding Resident B's missing oxycodone-acetaminophen. A review of the note indicated, on 9/21/25, LPN 2 signed the pharmacy delivery documents for the controlled substances but did not thoroughly review the medications that were listed on the document. LPN 2 took the medication to the medication cart but waited until the end of the shift to reconcile the controlled medications that were delivered with the narcotic medication disposition record. LPN 2 did not remember any medication that had been delivered for Resident B. On 12/8/25 at 11:48 a.m., the Administrator provided a copy of an undated policy, titled Controlled Substance Administration and Accountability, and indicated this was the current policy used by the facility. A review of the policy indicated the controlled medication being delivered are immediately recorded on the appropriate drug disposition record by the nurse accepting the delivery. This citation relates to Intake 2627048.3.1-25(e)(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155523
		If continuation sheet Page 1 of 1