STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155523	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Bean Blossom Health Care Center	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)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to submit accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (Centers for Medicare and Medicaid) for 22 days out of a quarter (Fiscal Year Quarter 1). Findings include: On 4/6/26 at 10:45 a.m., the facility's Certification and Survey Provider Enhanced Reports (CASPER) was reviewed.The CASPER report indicated the following:- The facility failed to have Licensed Nursing Coverage 24 Hours/Day on 10/4/25; 10/18/25; 10/19/25; 10/25/25; 10/26/25; 11/1/25; 11/2/25; 11/8/25; 11/9/25; 11/15/25; 11/16/25; 11/23/25; 11/29/25; 11/30/25; 12/6/25; 12/7/25; 12/13/25; 12/14/25; 12/20/25; 12/21/25; 12/27/25; 12/28/25.- The facility had low weekend staffing.- The facility had a 1 start staffing rating. A review of the staffing sheets from the quarter indicated the facility was fully staffed and had licensed nurse on all of the days listed above. During an interview on 4/9/26 at 11:35 a.m., the Administrator indicated the payroll-based journal information had to have been a data entry error because she had verified the facility had licensed staff coverage on the timesheets. On 4/10/26 at 12:05 p.m., the Administrator provided the facility's policy, Payroll Based Journal, dated 1/1/25, and indicated it was the policy currently being used. A review of the policy indicated, . 5. The facility will ensure all staffing data entered in the Payroll-Based Journal (PBJ) system is auditable and able to be verified through either payroll, invoices, and/or tied back to a contract .

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
	155523	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Bean Blossom Health Care Center	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)
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 written notifications required for a transfer/discharge and bed hold policy was provided to the resident and/or the resident representative for 4 of 4 residents reviewed for discharge and hospitalization. (Resident 2, Resident 7, Resident 27 and Resident 53).Findings include: 1. On 4/7/26 at 9:38 a.m., Resident 27's clinical record was reviewed. The diagnoses included, but were not limited to, generalized anxiety disorder (a mental health condition characterized by excessive, uncontrollable worry about everyday things, lasting at least six months), major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), and dementia (loss of memory, language, problem-solving and other thinking abilities). Resident 27's progress notes indicated the following: - On 12/9/25 at 10:35 p.m., the resident complained chest pain, lower back pain, and shortness of breath. 911 was called and the resident was transported to the hospital. - On 12/15/25, time unknown, the resident returned to the facility. The clinical record lacked required documentation that a written Notice of Transfer/Discharge was provided to the resident and resident representative, that the bed-hold policy was provided to the resident and/or the resident respresentative, and the required information was conveyed to the receiving facility upon transfer. During an interview on 4/10/26 at 11:19 a.m., the Assistant Director of Nursing (ADON) indicated Resident 27's clinical record lacked documentation of the Notice of Transfer/Discharge and the Bed Hold policy being given to Resident 27 and documentation that required information was conveyed to the receiving facility upon transfer. During an interview 4/10/26 at 11:27 a.m., the Administrator indicated they did not have documentation that a written copy of the transfer notice and bed hold was provided to the resident representative. 2. On 4/9/26 at 3:14 p.m., Resident 53's clinical record was reviewed. The diagnoses included, but were not limited to, congestive heart failure and muscle weakness. Resident 53's progress notes indicated the following: - On 02/27/26 at 2:14 p.m., Resident 53 complained of painful urination and bloody urine. The nurse practitioner was notified and indicated to send the resident to the emergency room. The clinical record lacked documentation of the Notice of Transfer/Discharge and Bed Hold policy being given to Resident 53 or the resident representative. During an interview on 4/10/26 at 12:11 p.m., the Director of Nursing (DON) indicated Resident 53's clinical record lacked documentation of the Notice of Transfer/Discharge or the Bed Hold policy being given to Resident 53 when transferred. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155523	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Bean Blossom Health Care Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 4/9/26 at 3:00 p.m., Resident 2's clinical record was reviewed. The diagnoses included, but were not limited to, chronic respiratory failure and diabetes. Progress notes indicated on 3/22/26 the resident was discharged to the hospital for respiratory failure. There was no documentation that indicated a notice of transfer/discharge or bed hold policy was provided to the resident and/or the resident's representative in writing. 4. On 4/9/26 at 3:10 p.m., Resident 7 's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease and dementia. Progress notes indicated on 12/23/25 the resident was discharged to the hospital. There was no documentation that indicated a notice of transfer/discharge or bed hold policy was provided to the resident and/or the resident's representative in writing. On 4/10/26 at 11:50 a.m., the Director of Nursing indicated there was no documentation that notice of transfer/discharge or bed hold policy was provided to the residents and/or the residents' representatives in writing. On 4/10/26 at 12:00 p.m., the Administrator provided the facility's policy Transfer and Discharge (including Against Medical Advice [AMA]) dated 1/15/26, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand .8. For a 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 .c. Advance directive information .d. All other information necessary to meet the resident's needs .10. Emergency Transfers to Acute Care .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 respresentative as indicated . 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)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155523	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Bean Blossom Health Care Center	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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interview and record review, the facility failed to ensure staff electronically transmitted the MDS (Minimum Data Set) data to the CMS (Centers for Medicare and Medicaid) System within 14 days of completion for 1 of 24 residents reviewed for transmittal data. (Resident 36)Findings include:On 4/9/26 at 10:06 a.m., Resident 36's clinical record was reviewed. An Annual MDS assessment, dated 2/23/26, indicated it was over 120 days past due for submission to CMS.During an interview on 4/10/26 at 11:22 a.m., the MDS coordinator indicated she had 2 care area assessments left to complete on the annual MDS assessment, she had just completed them and had submitted the MDS to CMS.During an interview on 4/10/26 at 12:05 p.m., the Administrator indicated the facility did not have a policy in regard to MDS transmissions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155523	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Bean Blossom Health Care Center	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to ensure the MDS (Minimum Data Set) assessment accurately reflected a resident's status for 2 of 24 residents reviewed for MDS accuracy. (Resident 4, Resident 27)Findings include: 1. On 4/9/26 at 10:07 a.m., Resident 4's clinical record was reviewed. The diagnoses included, but were not limited to, bipolar disorder and anxiety. An Annual MDS assessment, dated 3/11/26, indicated the resident was not currently considered by the state Level II PASARR (Preadmission Screening and Resident Review) process to have a serious mental illness and/or intellectual disability or related condition. A Level II PASARR was completed on March 31, 2023. During an interview on 4/10/26 at 11:10 a.m., the MDS coordinator indicated she corrected the resident's MDS assessment to accurately reflect the PASARR Level II information. During an interview on 4/10/26 at 12:05 p.m., the Administrator indicated the facility did not have a policy in regard to MDS assessment coding, but followed the RAI (Resident Assessment Instrument) manual. 2. On 4/9/26 at 9:38 a.m., Resident 27's clinical record was reviewed. The diagnoses included, but were not limited to, generalized anxiety disorder (a mental health condition characterized by excessive, uncontrollable worry about everyday things, lasting at least six months), major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), and dementia (loss of memory, language, problem-solving and other thinking abilities). A review of the resident's Quarterly MDS Assessment, dated 3/30/26, did not indicate anxiety as an active diagnosis. The MAR (Medication Administration Record) indicated, the resident had active orders on 2/27/26 for Lorazepam (medication used for short-term treatment of severe anxiety), 0.5 milligram (mg) twice daily and 1 mg once in the morning, for generalized anxiety disorder. A review of the Resident Assessment Instrument (RAI) 3.0, Version 1.20.1, October 2025, on 4/9/26 at 11:33 a.m., indicated for section I5700, Anxiety Disorder, . Active diagnoses are diagnoses that have a direct relationship to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, .during the 7-day look-back period . to identify active diagnoses: .medication sheets, doctor's orders . During an interview with the MDS coordinator on 4/10/26 at 11:09 a.m., she indicated the resident had an active diagnosis of anxiety disorder. She indicated the Quarterly MDS assessment, dated 3/30/26, was marked no for diagnosis of anxiety disorder and it should have been marked yes. The MDS coordinator and the Administrator indicated the facility did not have a MDS policy and they utilized the RAI tool to complete MDS assessments. 410 IAC (Indiana Administrative Code) 16.2-3.1-31(d)