

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and clinical record review the facility failed to destroy discontinued Controlled Substances (high potential for abuse) for 2 of 4 residents reviewed (Residents #2 and #6.) The facility reported a census of 30 residents. Findings include:1) According to the Minimum Data Set (MDS) dated [DATE], Resident #6 had Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. The Care Plan updated on 4/9/25, showed that Resident #6 had impaired cognitive function with intermittent confusion, increased confusion, anxiety, and signs and symptoms of sundowning. Staff were to administer medication as ordered. Her diagnoses included: osteoporosis, anxiety disorder, and delirium due to known physiological condition. According to the orders tab in the electronic chart, Resident #6 had an order dated 12/20/24 at 10:45 AM for lorazepam 0.5 milligrams (mg) one tab every 12 hours As Needed (PRN.) The order was discontinued on 1/4/25.2) The MDS dated [DATE], showed that Resident #2 had a BIMS score of 14 out of 15, which indicated intact cognition. The Care Plan updated on 7/22/25, indicated that Resident #2 had behavior problems related to Alzheimer's disease. Staff were to administer behavior medications as ordered by the physician. She had the potential to become aggressive, and she was using antidepressant medication related to depression and anxiety. Her diagnoses included: kidney disease, Alzheimer's disease, depression, adult failure to thrive, and dementia with anxiety. An Order Audit Report printed on 7/31/25, showed an order dated 6/18/24 at 3:27 PM, for lorazepam 0.5mg, one tablet two times a day related to Generalized Anxiety Disorder. The order was discontinued on 6/4/25 at 6:07 PM. In an observation on 7/30/25 at 2:50 PM, Staff B, Licensed Practical Nurse (LPN) removed all of the bubble packages out of the double-locked controlled substances drawer on the medication cart. Among the PRN pills was a bubble package with 28 lorazepam 0.5mg for Resident #6 and 14 lorazepam 0.5mg for Resident #2. On 7/31/2025 at 6:55 AM, Staff A, Licensed Practical Nurse (LPN) said that when a PRN medication was discontinued, the nurses would dispose of it right away. On 7/31/2025 at 8:47 AM, the Director of Nursing (DON) said that the nurses should destroy the medication if it were a controlled substance, or send it back to the pharmacy as soon as it was discontinued. The DON was not sure why the nurses hadn't noticed that the lorazepam for Resident #2 and Resident #6 was discontinued, especially since they were counting the controlled medications every shift. The Individual Narcotic Record (INR) for Resident #6 showed that the 28 remaining lorazepam had been disposed of on 7/30/25. The INR for Resident #2 showed that the 14 remaining tabs of lorazepam 0.5mg. had been disposed of on 7/30/25. According to the facility policy titled: Controlled Substances, dated April of 2019, the purpose of the policies and procedures for monitoring controlled medications was to prevent loss, diversion or accidental exposure. The medications would be periodically reviewed and updated by the DON and consulting pharmacist. Waste and or disposal of controlled medication would be done in the presence of the nurse and a witness who also signed the disposition.</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: 165292
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