STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BICKFORD OF GREENWOOD	3021 STELLA DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00458539. This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on March 11, 2025. Complaint IN00458539 - State deficiency related to the allegations are cited at R241. Survey date: May 1, 2025 Facility number: 012938 Residential Census: 43 This State Residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed May 6, 2025.	R 0000		
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense Based on interview and record review the facility failed to ensure that a resident received physician prescribed medications which resulted in resident requiring hospitalization for 1 of 2 residents reviewed for medication administration. (Resident B) Finding includes: On 5/1/25 at 9:35 a.m., the clinical record of Resident B was reviewed. The diagnosis included,	R 0241	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident B family has brought in prescription bottles for medications to be administered by licensed nursing personnel or qualified medication aids. How the facility will identify other residents having the potential to be affected by the same deficient	05/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	but was not limited to, major neurocognitive disorder. Physician orders, dated 4/30/25, include but were not limited to: - Donepezil 23 mg (milligrams), one by mouth daily, used to treat dementia. - Losartan 25 mg, one tablet by mouth daily, used to treat high blood pressure. - Desmopressin Spray 0.01%, 3 sprays in each nostril every morning and evening (to treat central diabetes insipidus, a condition that causes the body to lose too much fluid). - Warfarin 2.5 mg every Tuesday, Wednesday, Friday, Saturday, and Sunday, to prevent blood clots. - Warfarin 7.5 mg every Monday and Thursday, to prevent blood clots. The current census tab in the Resident B's clinical record indicated Resident B was admitted to the facility on 4/23/25 with family at his side with Residents B's medication in a pill organizer. A service plan, dated 4/22/25, indicated full assistance for medication administration management. A Progress Note, dated 5/1/25 at 9:40 a.m., indicated Resident B was acting strange and was more confused than normal. Resident B was sent to hospital for observation and admitted. The clinical record lacked documentation related to Resident B not receiving medication. During an interview on 5/1/25 at 11:07 a.m., the ED indicated the Resident B was admitted for a		practice and what corrective action will be taken All new residents will have medication verification completed by the HWD or ED on day of move-in. HWD will conduct a med audit of all AL residents to ensure medications are administered as ordered by the physician with documentation noted in the e-mar. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Executive Director/ Health and Wellness Director/ Family Advocate will receive training on the move-in process and ensuring resident has everything needed to move-in by the Divisional Director of Health and Wellness Education will be provided to The Health and Wellness Director on the medication administration policy by the Divisional Director of Health and Wellness. Training will be provided to Nurses and QMA's on reporting any medication not available immediately to HWD; training will be completed by the Health and Wellness Director. HWD will conduct weekly med audit to ensure medications	

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	short-term 2-month stay. The family provided a filled pill organizer that contained Resident B's medication. The family did not provide the actual medication bottles for the pills in the pill organizer. Facility staff informed the family that they were unable to administer medication that was not in its original labeled container. The family administered medication to Resident B on 4/23/25 then left the facility. The ED indicated that facility staff did not contact the family any further to express concern about Resident B not receiving medication. The ED indicated that it was a total of four days that Resident B did not receive his physician prescribed medication, on 4/24/25, 4/25/25, 4/26/25 and 4/27/25. The ED indicated that on 4/27/25 staff observed a change in condition for Resident B, so Resident B was sent to the emergency department. Resident B was admitted to the hospital with abnormal labs and dehydration. On 5/1/25 at 12:34 p.m., the Executive Director provided a policy titled Policy and Procedures Category: Medication and Nursing, dated revised 04/25, and indicated it was the current policy being used by the facility. A review of the policy indicated Bickford shall ensure that: "...1) a) All drugs are administered by appropriate Bickford Family Members. d) The Resident is identified prior to administration of the drug and the dose administered to the Resident is recorded on the Resident's eMAR by the person who administers the drug..." This citation relates to Complaint IN00458539.		are administered per physician orders and documented in the e-mar How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. Divisional Director of Health & Wellness will review next 3 move-ins to ensure medications are being administered and documented appropriately. Divisional Director of Health & Wellness will review med audits weekly for one month and at least monthly thereafter to ensure continued compliance. By what date the systemic changes will be completed by 5/26/25	