

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2015	
NAME OF PROVIDER OR SUPPLIER BICKFORD OF GREENWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 3021 STELLA DRIVE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 2, 3, and 4, 2015</p> <p>Facility number: 012938 Provider number: 012938 Aim number: N/A</p> <p>Survey team: Patti Allen, SW-TC Marcy Smith, RN Dottie Plummer, RN</p> <p>Census bed type Residential: 51 Total: 51</p> <p>Residential sample: 7</p> <p>These state findings are cited accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 06, 2015; by Kimberly Perigo, RN.</p>	R 000					
R 089 Bldg. 00	<p>410 IAC 16.2-5-1.3(e)(1-2)(f) Administration and Management - Noncompliance (e) An administrator shall be employed to</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1):</p> <p>(1) health facility; or</p> <p>(2) hospital-based long-term care unit; at a time.</p> <p>(f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.</p> <p>Based on interview and record review, the facility failed to ensure an administrator was appointed to the facility. This affected the organization and implementation of the day-to-day operations of the facility.</p> <p>Findings include:</p> <p>On 3/3/15 at 3:15 p.m., the Divisional Director of Service (DDS) indicated the facility did not currently have an administrator/director. The previous administrator was transferred to a different facility on November 11, 2014; and a new administrator had not yet been appointed. The DDS indicated the Indiana State Department of Health had been notified, on November 11, 2014; of the previous administrator's transfer. The DDS indicated the corporation had, "Ads out trying to find someone to run the building."</p> <p>The DDS indicated no one from the corporate office had an Indiana</p>	R 089	No residents were negatively affected by this deficient practice. An advertisement for a licensed IN director was placed on the Bickford website and also Career Builders job posting site on March 4th, 2015. On 3/18/15 a licensed IN director was hired for Bickford of Greenwood with the start date of 3-23-2015. Larry Allen, License number 14002276A.	03/23/2015

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R 092 Bldg. 00	<p>administrator's license, but someone from the corporate office was, "overseeing" the building and Licensed Practical Nurse (LPN) #1 was acting as director while going through the Administer-in-Training program. LPN #1 was being "precepted" by an administrator from another branch facility in Indiana. The DDS indicated, "We do not have anyone on the wall at this time."</p> <p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on record review and interview,</p>	R 092	No residents were negatively	03/23/2015

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	<p>the facility failed to ensure fire drills were conducted quarterly on each shift. This had the potential to affect 51 residents who reside in the facility.</p> <p>Findings include:</p> <p>Review of Bickford of Greenwood Fire Drill documentation on 3/2/15 at 2:45 p.m., the facility lacked documentation of a fire drill for third shift for the second (January, February, and March), third (July, August, and September), and fourth (October, November, and December), quarters of 2014.</p> <p>Interview with Acting Director on 3/2/15 at 3:50 p.m., indicated that they did not have documentation of the missing fire drills. The Acting Director indicated they had provided all the documentation on the fire drills they had.</p>		<p>affected by this deficient practice although potential for harm did exist. The Divisional Director has provided re-education for the Director, Assistant Director and Maintenance Director, to include the Bickford fire drill policy and IN state regulations. The Director will be responsible to ensure that fire drills will be held monthly on rotating shifts, and that there is at least one drill held on each shift, each quarter. Fire drill reports will be faxed to the Divisional Director on a monthly basis for the next two quarters, beginning with the March 2015 drill (through September, 2015). The Divisional Director will audit all fire drill reports twice a year as part of the routine quality core check.</p>				