PRINTED:	07/13/2021
FORM API	PROVED

OMB NO. 0938-039

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER					survey .eted /2021
	PROVIDER OR SUPPLIE		14	40 E 10	ddress, city, state, zip cod 07TH AVENUE 1 POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIE ID H DEFICIENCY MUST BE PRECEDED BY FULL PREF LATORY OR LSC IDENTIFYING INFORMATION TAG		FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	(X5) COMPLETION DATE
R 0000							
Bldg. 00	This visit was for a Survey.	a State Residential Licensure	R 0000				
	Survey dates: June	e 22 and 23, 2021.					
	Facility number: 0	12940					
	Residential Census	s: 53					
	These State Reside accordance with 4	ential Findings are cited in 10 IAC 16.2-5.					
	Quality review con	npleted on 6/24/21.					
R 0117	410 IAC 16.2-5-1 Personnel - Defic						
Bldg. 00	qualifications, an applicable state I twenty-four (24) I unscheduled nee services provided and training of st required to provid the residents. A r staff person, with certificates, shall fifty (50) or more regularly receive or administration least one (1) nurs site at all times. F over one hundred receiving residen administration of have at least one	sufficient in number, d training in accordance with aws and rules to meet the nour scheduled and eds of the residents and d. The number, qualifications, aff shall depend on skills de for the specific needs of minimum of one (1) awake o current CPR and first aid be on site at all times. If residents of the facility residential nursing services of medication, or both, at sing staff person shall be on Residential facilities with d (100) residents regularly tial nursing services or medication, or both, shall e (1) additional nursing staff of on duty at all times for					
		d on duty at all times for			TITLE		(X6) DATE

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 06/23/2021 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 140 E 107TH AVENUE **BICKFORD OF CROWN POINT** CROWN POINT, IN 46307 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility R 0117 No residents were harmed by this 07/26/2021 failed to ensure there was one staff member with a deficient practice however current first aid certificate scheduled for 8 of 21 potential harm did shifts reviewed. All employee files will be audited to ensure current first aid Finding includes: certification is on file for staff Facility staffing schedules for 6/13/21 through members with first aid. 6/19/21 were reviewed on 6/23/21 at 9:15 a.m. The schedules indicated there were no staff members **Divisional Director of Resident** who were first aid certified on the following dates Services will re-educate and shifts: Administrator and Nurse Coordinator on policy/procedure Day shifts on 6/15/21, 6/16/21, 6/17/21 and 6/19/21 for the requirement to have one Evening shifts on 6/14/21 and 6/19/21 staff member with a current first Midnight shifts on 6/18/21 and 6/19/21 aid certificate on each shift. Interview with the Administrative Assistant on Nurse Coordinator will schedule 6/23/21 at 10:40 a.m., indicated she was unaware and ensure all staff members there needed to be at least one staff member every remain current with first aid. shift with first aid certification. She was unable to provide any additional first aid certificates. Divisional Director will audit employee files monthly x3 months and annually to ensure compliancy Completion Date 7/26/21 R 0247 410 IAC 16.2-5-4(e)(7) Health Services - Deficiency Bldg. 00 (7) Any error in medication administration shall be noted in the resident 's record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the VCDS11 Event ID: Facility ID: 012940 Page 2 of 11 State Form If continuation sheet

07/13/2021

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	ENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA IN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			X3) DATE SURVEY COMPLETED 06/23/2021	
	ROVIDER OR SUPPLIE		-	140 E	ADDRESS, CITY, STATE, ZIP COD 107TH AVENUE /N POINT, IN 46307			
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON) BE) PRIATE	(X5) COMPLETION DATE	
	interview, the faci was accurately lab order for 1 of 5 res medication pass of Finding includes: On 6/22/21 at 11:0 preparing Residen reviewed the Medi (MAR) which indi receive carbidopa/ medication used to 25/100 mg (millig mg total. LPN 1 r label which indica mg (milligrams) g LPN 1 then admin medication to the r Record review for 6/22/21 at 3:15 p.r Summary indicate (milligrams) 1.5 ta mouth three times Interview with QN indicated LPN 1 h day. She reviewed computer and com They both indicate mg (milligrams) 1 She indicated she clarification.	Resident 9 was completed on n. The 6/2021 Physician's Order d carbidopa/levodopa 25/100 mg ibs to equal 27.5/150 mg by	R)247	No residents were harmed deficient practice although potential for harm did exist Resident was administered dose of medication. Label by pharmacy. Divisional Director will re-e Nurse Coordinator on verif orders entered into eMar b pharmacy, including the co dose. Nurse Coordinator will veri correct labelling on all inco meds from pharmacy for 3 If any error is found, repea will continue and be done of for three weeks until comp Divisional Director to audit medication labels comparin physician orders on routine x3 months for compliance, branch visits. Completion date 7/26/21	the d correct ing error ducate ying y prrect fy ming weeks. t audit weekly liant. 5 ng to e visits	07/26/202	

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OMB NO. 0938-039

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES
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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUI B. WIN	LDING	00	(X3) DATE SURVEY COMPLETED 06/23/2021	
	PROVIDER OR SUPPLIE			140 E 1	ADDRESS, CITY, STATE, ZIP COD 07TH AVENUE N POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIE) REGULATORY O	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
R 0297 Bldg. 00	tabs to equal 37.5/2 the order and upda summary. 410 IAC 16.2-5-6 Pharmaceutical S (c) If the facility c administers medi facility shall do th (1) Make arrange pharmaceutical s provide residents in accordance wit Based on observati interview, the facil was accurately lab Physician's order ff during the medicat (Resident 9) Finding includes: On 6/22/21 at 11:0 preparing Resident reviewed the Medi (MAR) which india receive carbidopa/1 medication used to 25/100 mg (millign mg total. LPN 1 re label which indicat mg (milligrams) gi The medication can tabs prepackaged i administered 1.5 ta resident from the p	 a 25/100 mg (milligrams) 1.5 150 mg total. They had clarified ted the Physician's Order (c)(1) Gervices - Noncompliance ontrols, handles, and cations for a resident, the e following for that resident: ments to ensure that ervices are available to with prescribed medications th applicable laws of Indiana. on, record review, and ity failed to ensure a medication eled and packaged per or 1 of 5 residents observed ion pass observation. 5 a.m. LPN 1 was observed 9's medication. LPN 1 cation Administration Record cated the resident should evodopa (Sinemet, a treat Parkinson's disease) ams) 1.5 tabs to equal 27.5/150 eviewed the medication card ed carbidopa/levodopa 25/100 ve 1.5 tabs to equal 27.5/150 mg. d was observed to have 1.5 n each blister pack. LPN 1 then bs of the medication to the repackaged medication pack. 	R 02	97	No residents were harmed by the deficient practice although the potential for harm did exist. Resident was administered corred dose of medication. Labeling e by pharmacy. Divisional Director will re-educat Nurse Coordinator on verifying orders entered into eMar by pharmacy, including the correct dose. Nurse Coordinator will verify correct labelling and packaging all incoming meds from pharmat for 3 weeks. If any error is four repeat audit will continue and be done weekly for three weeks un compliant. Divisional Director will audit medication label and packaging audits completed weekly for 3 weeks by Nurse Coordinator to verify compliance, during brance visits.	rect rror ite on icy id, e ntil	

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A. BUILDING B. WING	DNSTRUCTION 00	COM	(X3) DATE SURVEY COMPLETED 06/23/2021	
	PROVIDER OR SUPPLIE		140 E ²	ADDRESS, CITY, STATE, ZIP CO 107TH AVENUE N POINT, IN 46307	DD		
(X4) ID PREFIX	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFLICIENCY	OULD BE	(X5) COMPLETION	
TAG	Summary indicate (milligrams) 1.5 ta mouth three times Interview with QM indicated LPN 1 h day. She reviewed computer and com They both indicate mg (milligrams) 1. She indicated she clarification of the compared to the pa did not match. Interview with the Nurse Coordinator indicated the corre carbidopa/levodop tabs to equal 37.5/	AA 1 on 6/22/21 at 3:18 p.m. ad already gone home for the 1 the Physician's Order in the pared it to the medication card. d carbidopa/levodopa 25/100 5 tabs to equal 27.5/150 mg total. would call the pharmacy to get correct medication amount as acket label since the amounts Assistant RNC (Registered) on 6/23/21 at 11:10 a.m. ct order should have read a 25/100 mg (milligrams) 1.5 150 mg total. They had clarified	TAG	DEFICIENCY)		DATE	
R 0298 Bldg. 00	summary. 410 IAC 16.2-5-6 Pharmaceutical S (2) A consultant p employed, or und (A) be responsibl in 856 IAC 1-7; (B) review the dru practices in the fa (C) provide consu procedures of ore administering, an	Services - Deficiency oharmacist shall be der contract, and shall: e for the duties as specified ug handling and storage acility; ultation on methods and dering, storing, id disposing of drugs as well					
	his or her design dispensing or add (E) review the dru	cord keeping; ing, to the administrator or ee any irregularities in ministration of drugs; and ug regimen of each resident ervices at least once every					

TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE (A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 06/23/2021	
(EACH DEFICIE REGULATORY C sixty (60) days.	OINT 7 STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	140 E	T ADDRESS, CITY, STATE, ZIP COD 107TH AVENUE VN POINT, IN 46307 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N (X5) RIATE COMPLETION DATE	
 Based on record refailed to ensure a precords every 60 d records reviewed. Findings include: Resident 2's clo 6/22/21 at 9:45 a.r Resident 3's clo 6/22/21 at 9:45 a.r Resident 3's clo 6/22/21 at 2:26 p.r Resident 3's red Resident 4's red 1:50 a.m. There 10/16/20 and the r 3/19/21. Resident 5's rec 1:58 p.m. There v 10/16/20 and the r 3/19/21. Resident 6's rec 10:23 a.m. There 10/16/20 and the r 3/19/21. Resident 7's rec 10:04 a.m. There 10/16/20 and the r 3/19/21. Resident 7's rec 10:04 a.m. There 10/16/20 and the r 3/19/21. 	eview and interview, the facility oharmacist reviewed resident lays for irregularities for 7 of 7 (Residents 2, 3, 4, 5, 6, 7 and 8) sed record was reviewed on n. The resident was admitted on arged on 5/10/21. There was lew completed on 3/19/21. sed record was reviewed on n. There was a pharmacy review he next one was completed on cord was reviewed on 6/22/21 at was a pharmacy review on text one was completed on ord was reviewed on 6/22/21 at was a pharmacy review on text one was completed on ord was reviewed on 6/23/21 at was a pharmacy review on text one was completed on ord was reviewed on 6/23/21 at was a pharmacy review on text one was completed on ord was reviewed on 6/23/21 at was a pharmacy review on text one was completed on	R 0298	 No residents were harmed by deficient practice, however, potential harm did exist. Divisional Director will re-ed nurse coordinator and pharm manager on policy/procedur pharmacist reviews every 60 A pharmacist review has be completed on March 19, 202 May, 18, 2021 with written recommendations sent to the Nurse Coordinator for review physician response. Physician responses will be forwarded to the pharmacy any new orders completed protocol. Divisional Director of Reside Services to audit resident cli records every 60 days x2 ar annually to ensure compliant. Completion date 7/26/21 	ucate nacy re for D days. en 21 and e w and and per ent inical nd	

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILDIN B. WING	ILE CONSTRUCTION NG <u>00</u>	COMF	(X3) DATE SURVEY COMPLETED 06/23/2021	
	PROVIDER OR SUPPLIE		140	REET ADDRESS, CITY, STATE, ZIP 0 E 107TH AVENUE ROWN POINT, IN 46307	COD		
(X4) ID PREFIX TAG	(EACH DEFICIE) REGULATORY O	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ext one was completed on	ID PREFI TAC	IX PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE	
R 0354	Registered Nurse (p.m., indicated the the building when COVID-19 outbrea	rse Coordinator and Assistant Coordinator, on 6/22/21 at 1:00 pharmacist wouldn't come into the facility was having a ak. They were unable to say eren't completed remotely.					
Bldg. 00	 Identification of (2) Name of the t Name of the t Name of the r Name of the r Resident 's p transferred to an Nurses ' note functional abi limitations; nursing care; nursing care; nursing care; transferrent diet a Diagnosis. Date of chest tuberculosis. 	n shall include the following: data. ransferring institution. eceiving institution and date ersonal property when acute care facility. Is relating to the resident ' s: lities and physical d nd condition on transfer. x-ray and skin test for					
	failed to complete paperwork for 1 of (Resident 2) Finding includes: The closed record	view and interview, the facility discharge and transfer 2 closed records reviewed. for Resident 2 was reviewed on n. The resident was discharged on 5/10/21.	R 0354	No residents were had deficient practice alth potential for harm did Nurse Coordinator wi clinical charts of resid have been transferred within the last 60 day transfer document had completed properly. Divisional Director of Services will re-educa	ough the exist. Il audit lents that d out of facility s to ensure a is been Resident	07/26/2021	

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE (A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 06/23/2021	
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R 0356 Bldg. 00	A Nursing Note, d resident had been p granddaughter wor belongings. There regarding the discl Interview with the at 1:00 p.m., indic to the other facility attorney) had signa- indicate they had p indicate they had p indicated there wa completed. 410 IAC 16.2-5-8 Clinical Records (i) A current eme be immediately a in case of emerg following: (1) The resident 1 apartment number date of birth. (2) The resident 1 (3) The name an legally authorized (4) The name an family members of contacted in the death. (6) Information of (7) A photograph resident). (8) Copy of adva Based on record re failed to ensure a of file was completed	ated 5/10/21, indicated the picked up and the uld be by to pick up some was no additional information narge. Nurse Coordinator on 6/22/21 ated information had been faxed y and the POA (power of ed the medication sheet to bicked up her medications. She s no additional paperwork 8.1(i)(1-8) - Noncompliance rgency information file shall iccessible for each resident, ency, that contains the s name, sex, room or er, phone number, age, or s hospital preference. d phone number of any d representative. d phone number of the	R 0356	Coordinator on policy/procedul for transferring a resident out the facility. Divisional Director will audit resident transfers for the next days to ensure the transfer document has been complete properly. Completion date 7/26/21 No residents were harmed by deficient practice although the potential for harm did exist. Nurse Coordinator will audit a	ure of 60 d d this 07/26/202	

	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			X3) DATE SURVEY COMPLETED 06/23/2021	
	PROVIDER OR SUPPLIE			140 E ⁻	ADDRESS, CITY, STATE, ZIP COD 107TH AVENUE N POINT, IN 46307	•		
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IAU	 8) Findings include: The emergency file 6/22/21 at 1:35 p.m 1. Resident 6 did m 2. Resident 7 did m or physician's nam 3. Resident 8 did m Interview with the Assistant Registere 6/22/21 at 2:00 p.m 	e binder was reviewed on		TAG	patient emergency file inform to ensure all required inform is completed. Divisional Director of Reside Services will re-educate Nu Coordinator on emergency information per state requirements. Divisional Director will audit emergency file information of routine visits for 60 days an annually thereafter to ensur compliance. Completion date 7/26/21.	nation ent rse file on d then	DATE	
R 0407 Bldg. 00	 control program t (1) A system that analyze patterns symptoms. (2) Provides oriened education on infeincluding univers (3) Offering healt including, but not transmission and (4) Reporting cor public health aut Based on observation interview, the facilic control guidelines including those space 	2(b)(1-4) - Noncompliance ust establish an infection hat includes the following: enables the facility to of known infectious ntation and in-service ction prevention and control, al precautions. h information to residents, limited to, infection immunizations. nmunicable disease to	R 04	407	No residents were harmed l deficient practice although t potential for harm did exist. All residents will be monitor daily for signs and symptom	he ed	07/26/202	

ACH DEFICIE GULATORY (s self screen t monitorin oms of CO ³ il screening at records re gs include: 5/23/21 at 8 v, there was swer questi oms of CO ³ t with some		B. V	140 E	ADDRESS, CITY, STATE, ZIP COD 107TH AVENUE /N POINT, IN 46307 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for symptoms of COVID-19 and a	ors, ity nnel,	(X5) COMPLETION DATE
SUMMAR SUMMAR ACH DEFICIE GULATORY (s self screer t monitorin oms of COV al screening at records re gs include: 5/23/21 at 8 swer questions of COV t with some	OINT Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION ning for symptoms of COVID-19 g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) 8:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was		140 E CROW ID PREFIX	107TH AVENUE /N POINT, IN 46307 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ors, ity nnel,	COMPLETION
SUMMAR SUMMAR ACH DEFICIE GULATORY (s self screer t monitorin oms of COV al screening at records re gs include: 5/23/21 at 8 swer questions of COV t with some	OINT Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION ning for symptoms of COVID-19 g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) 8:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was		ID PREFIX	AN POINT, IN 46307 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visitor and vendors entering the facilit will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ors, ity nnel,	COMPLETION
ACH DEFICIE GULATORY (s self screen t monitorin oms of CO ³ il screening at records re gs include: 5/23/21 at 8 v, there was swer questi oms of CO ³ t with some	ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION ing for symptoms of COVID-19 g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) B:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was		PREFIX	 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for 	ors, ity nnel,	COMPLETION
GULATORY (s self screer t monitorin oms of COV il screening at records re gs include: 5/23/21 at 8 swer questi oms of COV t with some	DR LSC IDENTIFYING INFORMATION ning for symptoms of COVID-19 g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) B:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was			 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for 	ors, ity nnel,	
s self screen t monitorin oms of COV I screening at records re gs include: 5/23/21 at 8 v, there was swer questions of COV t with some	hing for symptoms of COVID-19 g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) 3:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was		TAG	COVID-19 using Bets-E (Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ors, ity nnel,	DATE
t monitorin oms of COV il screening at records re 5/23/21 at 8 swer questi oms of COV t with some	g residents daily for signs and VID-19 for random Infection observations and 3 of 3 eviewed. (Residents 5, 7, and 8) 8:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was			(Bickford's internal electronic COVID-19 tracking system). All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ity nnel,	
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I screening at records re gs include: 5/23/21 at 8 v, there was swer questi oms of CO ³ t with some	eviewed. (Residents 5, 7, and 8) eviewed. (Residents 5, 7, and 8)			All healthcare personnel, visito and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ity nnel,	
tt records re gs include: 5/23/21 at 8 v, there was swer questions of COV t with some	eviewed. (Residents 5, 7, and 8) 3:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was			and vendors entering the facili will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	ity nnel,	
gs include: 5/23/21 at 8 7, there was swer questions of COV t with some	8:05 a.m. in the foyer of the a kiosk for visitors to sign in ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was			will be actively (in-person) temperature screened for COVID-19. Healthcare person visitors, and vendors will use self-screening questionnaire for	nnel,	
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swer questi oms of COV t with some	ons regarding signs and VID-19, and if they had been in cone with COVID-19. There was			.	or	
oms of COV t with some	VID-19, and if they had been in cone with COVID-19. There was			symptoms of COVID-19 and a		
t with some	cone with COVID-19. There was			I have a set to show a set of a second set	-	
				history of being a close contac	ct or	
ionneter lay				exposed to COVID-19. Divisional Director of Resident	+	
	nperature and record it in the			Services will re-educate	L I	
	f member would answer the door			Administrator and Nurse		
	d signed in before allowing them			Coordinator on the current Ind	liana	
	To further active monitoring was			Department of Health docume		
eted.				"COVID-19 LTC Facility Infect Control Guidance Standard		
dent 5's rec	cord was reviewed on 6/22/21 at			Operating Procedure," includir	na	
	ord did not have any daily			sections indicating daily reside	-	
	DVID-19 signs or symptoms.			screening and healthcare, personnel, visitors and vendor		
dent 7's rec	cord was reviewed on 6/22/21 at			screening.		
a.m., the re	cord did not have any daily			Divisional Directors will audit		
oring for CO	OVID-19 signs or symptoms.			Bets-E to ensure compliance weekly x4 weeks, and routinel	ly	
dent 8's rec	cord was reviewed on 6/23/21 at			after.		
	ord did not have any daily					
oring for CO	OVID-19 signs or symptoms.					
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	-					
d 6/1/21, ir	-					
d 6/1/21, in all healthca						
d 6/1/21, in all healthca g the facili						
	D-19 LTC ce Standar l 6/1/21, ir all healthca	liana Department of Health document, D-19 LTC Facility Infection Control ce Standard Operating Procedure", l 6/1/21, indicated, "Actively (in person) all healthcare personnel, visitors, vendors g the facility for symptoms of COVID-19 v history of being a close contact or	D-19 LTC Facility Infection Control ce Standard Operating Procedure", l 6/1/21, indicated, "Actively (in person) all healthcare personnel, visitors, vendors g the facility for symptoms of COVID-19	D-19 LTC Facility Infection Control ce Standard Operating Procedure", 1 6/1/21, indicated, "Actively (in person) all healthcare personnel, visitors, vendors g the facility for symptoms of COVID-19 v history of being a close contact or	D-19 LTC Facility Infection Control ce Standard Operating Procedure", 1 6/1/21, indicated, "Actively (in person) all healthcare personnel, visitors, vendors g the facility for symptoms of COVID-19 v history of being a close contact or	D-19 LTC Facility Infection Control ce Standard Operating Procedure", 1 6/1/21, indicated, "Actively (in person) all healthcare personnel, visitors, vendors g the facility for symptoms of COVID-19 v history of being a close contact or

Event ID:

VCDS11 Facility ID: 012940

If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 06/23/2021 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 140 E 107TH AVENUE **BICKFORD OF CROWN POINT** CROWN POINT, IN 46307 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE indicated, "...Assess resident's symptoms of COVID-19 infection upon admission to the facility and daily during this pandemic " During an interview with LPN 1 on 6/23/21 at 1:15 p.m., she indicated residents' vital signs were checked monthly and they stopped monitoring for signs of COVID-19 after the last outbreak in February. She also indicated she screened herself and took her own temperature daily upon entering the facility. During an interview with the Administrative Assistant on 6/23/21 at 1:10 p.m., she indicated they used to take visitors and staff temperatures and kept a log, but had stopped due to Indiana lifting some COVID-19 restrictions on June 11. She later indicated the facility stopped daily resident COVID-19 monitoring on 2/24/21.

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