STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/01/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: January 31 and February 1, 2022 Facility number: 012938 Residential Census: 53 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on February 9, 2022.	R 0000	**The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 02/25/2022.**	
R 0155	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(l) (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.	R 0155	**R155** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were harmed by the deficient practice.	02/25/2022

	Based on observation, interview, and record review, the facility failed to ensure the ground surrounding the facility's dumpster area was free from rubbish and failed to ensure the dumpster sliding side panel doors were kept closed when not in use for 3 of 3 observations. This had the potential to affect 53 of 53 residents residing in the facility. Finding includes: 1. During the facility initial tour with the Dietary Manager, on 1/31/2022 from 10:00 a.m. to 10:09 a.m., the facility's trash dumpster area located adjacent to the south parking lot and near the kitchen's back door was observed. The following was observed at the dumpster area: -The sliding side panel doors, located on the right and left sides of the container, were observed to not be closed. -Partially filled trash bags were visible inside the dumpster.		**How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?** No other residents were harmed by this alleged deficient practice. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** Director on February 1, 2022, sent a text message to the Bickford Team regarding the proper process of making sure the dumpster doors/lids are closed when not in use; as well as being clear of any debris. Director will provide a written in-service education to all BFM's on the proper practices with the dumpster. The in-service will be completed by February 28, 2022. **How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?** Director, Kitchen Manager or Cook	

	-On the ground next to the dumpster unit were crushed cardboard boxes, used surgical masks, used plastic gloves, soiled incontinent supplies, partially filled trash bags, and a large uncovered trash can which contained partially filled trash bags. -No staff members were observed in the area at that time. 2. On 1/31/2022 at 10:10 a.m., LPN (Licensed Practical Nurse) 1 was observed to exit the kitchen's back door and was pushing an uncovered partially filled trash can toward the dumpster area. At the dumpster area, LPN 1 pulled a partially filled trash bag from the trash can. LPN 1 placed the trash bag into the dumpster unit through the opened sliding side panel door (on the right side of the dumpster unit). LPN 1 then pushed the trash can to the kitchen back door area and entered the building. The sliding side panel door on the dumpster unit was observed to not be closed after LPN 1 left the dumpster area. No other staff members were observed in the area at that time. 3. On 1/31/2022 from 1:45 p.m. to 1:50 p.m., the facility's trash dumpster area located adjacent to the south parking lot and near the kitchen's back door was		will audit the dumpster area daily through March 31, 2022, three times a week for the month of April 2022, then weekly for the next 4 months: May, June, July and August of 2022. The branch Maintenance Coordinator will also do a once-a-month random check to ensure the dumpster practices are in place and being adhered to: per the Bickford Monthly Maintenance Check Form. If any described checks discover non-compliance the schedule for audits will resume with daily checks and continue as stated cycle above. Compliance Date: 02/25/2022	

observed. The following was observed at the dumpster area:

-The sliding side panel doors, located on the right and left sides of the container, were observed to not be closed.

-Partially filled trash bags were visible inside the dumpster.

-On the ground next to the dumpster unit were crushed cardboard boxes, used surgical masks, used plastic gloves, soiled incontinent supplies, partially filled trash bags, and a large uncovered trash can which contained partially filled trash bags.

-No staff members were observed in the area at that time.

During an interview on 1/31/2022 at 1:55 p.m., the Dietary Manager indicated the dumpster sliding panel doors were to be kept closed and the area was to be free of trash and rubbish.

During an interview on 1/31/2022 at 2:45 p.m., the Administrator indicated the facility did not have a specific dumpster policy.

During an interview on 2/1/2022 at 8:55 a.m., the Director of Nursing indicated the dumpster area was to be kept clean and the dumpster unit was to be

kept closed when not in use. The facility census was 53 and all residents received food from the kitchen.

On 2/1/2022 at 9:00 a.m., the Director of Nursing provided a copy of the Inspection/Maintenance document, dated January 2022, and indicated it was the current process in use by the facility. A review of the document indicated, "...clean dumpster enclosure area..."

On 2/1/2022 at 10:00 a.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."

Based on observation, interview, and record review, the facility failed to ensure the ground surrounding the facility's dumpster area was free from rubbish and failed to ensure the dumpster sliding side panel doors were kept closed when not in use for 3 of 3 observations. This had the potential to affect 53 of 53

residents residing in the facility.

Finding includes:

1. During the facility initial tour with the Dietary Manager, on 1/31/2022 from 10:00 a.m. to 10:09 a.m., the facility's trash dumpster area located adjacent to the south parking lot and near the kitchen's back door was observed. The following was observed at the dumpster area:

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-Partially filled trash bags were visible inside the dumpster.

-On the ground next to the dumpster unit were crushed cardboard boxes, used surgical masks, used plastic gloves, soiled incontinent supplies, partially filled trash bags, and a large uncovered trash can which contained partially filled trash bags.

-No staff members were observed in the area at that time.

2. On 1/31/2022 at 10:10 a.m., LPN (Licensed Practical Nurse) 1 was observed to exit the kitchen's back door and was pushing an uncovered partially filled trash can toward the dumpster area. At the dumpster area, LPN 1 pulled a partially

filled trash bag from the trash can. LPN 1 placed the trash bag into the dumpster unit through the opened sliding side panel door (on the right side of the dumpster unit). LPN 1 then pushed the trash can to the kitchen back door area and entered the building. The sliding side panel door on the dumpster unit was observed to not be closed after LPN 1 left the dumpster area. No other staff members were observed in the area at that time.

3. On 1/31/2022 from 1:45 p.m. to 1:50 p.m., the facility's trash dumpster area located adjacent to the south parking lot and near the kitchen's back door was observed. The following was observed at the dumpster area:

-The sliding side panel doors, located on the right and left sides of the container, were observed to not be closed.

-Partially filled trash bags were visible inside the dumpster.

-On the ground next to the dumpster unit were crushed cardboard boxes, used surgical masks, used plastic gloves, soiled incontinent supplies, partially filled trash bags, and a large uncovered trash can which contained partially filled trash bags.

-No staff members were observed in the area at that

time.

During an interview on 1/31/2022 at 1:55 p.m., the Dietary Manager indicated the dumpster sliding panel doors were to be kept closed and the area was to be free of trash and rubbish.

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	refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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