STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/06/2022

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 the Investigation of Complaint IN00378216. This visit was in conjunction with Post Survey Revisit (PSR) to the Investigation of Complaint IN00376507 completed March 30, 2022. Complaint IN00378216 - Unsubstantiated due to lack of evidence. Complaint IN00376507- Corrected. Unrelated deficiencies are cited. Survey date: May 6, 2022 Facility number: 012938 Residential Census: 49 This State Residential Finding is cited in accordance with 410 IAC 16.2-5.	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 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 5-20-2022.**	

	Quality review completed May 10, 2022.			
R 0088	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on interview and record review, the facility failed to ensure a licensed administrator was appointed to work in the facility. Finding includes:	R 0088	**R088** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were harmed by this alleged deficient practice. **How will you identify other residents having the potential to be affected the same deficient practice and what corrective action will be taken?** No residents were harmed by this. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The facility has acquired a licensed Resident Care Administrator, who will begin employment on 05/20/2022. The facility has completed the change of administrator form and emailed today. **How will the corrective**	05/20/2022

On 5/6/22 at 9:10 a.m., the Director of Nursing provided the facility's license book and indicated this was the binder that held the licenses for licensed staff working in the facility. The license book lacked a license for an administrator.

During an interview on 5/6/22 at 9:17 a.m., the Administrator indicated she was not a licensed administrator. She indicated she was getting ready to start an Administrator in Training program. The Administrator for the facility was the Regional Administrator.

During an interview on 5/6/22 at 1:20 p.m., the Regional Administrator indicated he was not the Administrator of the facility. The facility did not have a licensed administrator.

On 5/6/22 at 2:00 p.m., the facility was unable to provide a policy regarding a licensed administrator working in the facility.

Based on interview and record review, the facility failed to ensure a licensed administrator was appointed to work in the facility.

Finding includes:

On 5/6/22 at 9:10 a.m., the Director of Nursing provided the facility's license book and indicated this was the binder

action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?
The facility will continue to employee
a Licensed Residential Care Administrator and complete the appropriate form if
a change occurs.

Compliance Date: 05-20-2022

	that held the licenses for licensed staff working in the facility. The license book lacked a license for an administrator. During an interview on 5/6/22 at 9:17 a.m., the Administrator indicated she was not a licensed administrator. She indicated she was getting ready to start an Administrator in Training program. The Administrator for the facility was the Regional Administrator. During an interview on 5/6/22 at 1:20 p.m., the Regional Administrator indicated he was not the Administrator of the facility. The facility did not have a licensed administrator. On 5/6/22 at 2:00 p.m., the facility was unable to provide a policy regarding a licensed administrator working in the facility.			

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