STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/02/2026

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: April 1 and 2, 2026 Facility number: 012938 Residential Census: 43 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 6, 2026.	R 0000		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:	R 0148	The HWD and Care Concierge conducted an assessment of all residents from 04/6/26 to 04/8/26 and there was no adverse effect on any resident as a result of this finding. The ED provided education to all staff on ensuring that hazardous materials must be kept in locked areas. The staff	04/30/2026

	(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected. Based on observation, interview, and record review, the facility failed to ensure that potentially hazardous materials were kept secure behind locked doors to prevent residents' access 1 of 1 observations. (Salon) Finding includes: On 4/1/26 from 9:40 a.m. to 9:45 a.m., during a initial walkthrough of the facility, the following was observed. On the south side of the facility's hallway next to the 400 hall laundry room across from Room 40, observed the Salon door unlocked. In the Salon room observed a unlocked cabinet containing a 32-ounce full spray		were educated to keep the salon door and any other storage area locked at all times when there is no staff inside. The education was completed on 04/16/26 The ED, Maintenance Coordinator or designee will be checking all storage areas 3-5 days a week to ensure they are always locked. These checks will be done through 06/30/26.	

	bottle of Clorox Multi-Purpose Cleaner. No staff were observed in the hallway. During an interview on 4/1/26 at 9:45 a.m., the ADON (Assistant Director of Nursing) indicated that the salon door should have been locked. On 4/2/26 at 8:45 a.m., the Executive Director provided a copy of the Bickford Senior Living "Policies and Procedures, Category: Housekeeping/Laundry Policy", with a revised date of 7/2012, and indicated it was the current policy in use by the facility. A review of the policy indicated, all hazardous materials shall be stored in a locked storage area.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 2 of 2 kitchen observations. Staff hair was not covered while in the kitchen	R 0273	The HWD and Care Concierge conducted an assessment of all residents from 04/6/26 to 04/8/26 and there was no adverse effect on any resident as a result of this finding. The ED provided education to all staff on the use of hair covering in the kitchen. This education was completed on 04/16/26. The Kitchen manager or designee will be monitoring this daily to ensure that all staff put on hair covering before entering the kitchen. This monitoring will	04/30/2026

	food preparation area. (Cook 2, CNA 3 and CNA 4) Finding includes: 1. During the initial kitchen tour with Cook 2, on 4/1/26 from 8:35 a.m. to 8:45 a.m., the following was observed: - Cook 2 was observed working at the steam table which held the breakfast foods and was taking the ending temperatures for breakfast meal. The hair located near the hair line above the eyebrows was observed to be approximately two inches in length and the hair in front of the ears was approximately six inches in length. Cook 2's hair, located at the hair line and in front of the ears, was observed not to be covered. - Certified Nurse Aide (CNA) 3 was observed in the kitchen near the steam table and her hair was pulled up on top of her head. Multiple loose hairs, approximately three inches in length, were observed behind her ears and at the neckline area. CNA 3 lacked any hair covering while in the kitchen area. - CNA 4 was observed in the kitchen near the steam table and her hair was pulled up on top of her head. Multiple loose hairs behind the ears and at the neckline, approximately four		be done through 06/30/26.	

	inches in length, were observed. CNA 4 lacked any hair covering while in the kitchen area. 2. During a follow-up kitchen observation on 4/1/26 from 11:45 a.m. to 12:05 p.m., the following was observed: - Cook 2 was working at the steam table plating the noon meal. The hair located near the hair line above the eyebrows was observed to be approximately two inches in length and the hair in front of the ears was approximately six inches in length. Cook 2's hair, located at the hair line and in front of the ears, was observed not to be covered. - CNA 3 was observed entering the kitchen area to retrieve salads from the refrigerator. CNA 3's hair was pulled up on top of her head and was partially covered. Multiple loose hairs approximately three inches in length, behind the ears, at the neckline, and at forehead area that were observed not to be covered.			

	- CNA 4's was observed entering the kitchen area. CNA 4's hair was pulled up on top of her head and was partially covered. Multiple loose hairs behind the ears and at the neckline, approximately four inches in length, that were observed not to be covered. During an interview on 4/1/26 at 12:15 p.m., the Dietary Manager (DM) indicated staff hair was to be kept covered while in the kitchen. On 4/1/26 at 12:35 p.m., the DM provided a copy of the Bickford Senior Living Policies and Procedures - Category: Food Safety policy, dated July 2012, and indicate it was the was the current policy in use by the facility. A review of the document indicated, "...Hair nets shall be worn which shall completely cover all hair..." On 4/1/26 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC (Indiana Administrative Code) 7-26, effective April 15, 2025, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."			

R 0409	Infection Control - Noncompliance 410 IAC 16.2-5-12(d) (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter. Based on record review and interview, the facility failed to ensure that annual health statements confirming each resident was free of communicable diseases were documented for 2 of 7 residents reviewed. (Resident 24, Resident 92) Finding includes: 1. On 4/1/26 at 11:00 a.m., the clinical record for Resident 24 was reviewed. The diagnoses for Resident 24 included, but were not limited to, blindness, allergies, depression, and hypertension (high blood pressure). Resident 24's clinical record lacked documentation of an annual health statement. 2. On 4/1/26 at 11:25 a.m., the clinical record for Resident 92 was reviewed. The diagnoses	R 0409	The HWD and Care Concierge conducted an assessment of all residents from 04/6/26 to 04/8/26 and there was no adverse effect on any resident as a result of this finding. Resident #92 passed away on 03/13/26 and was on hospice care. He did not have any active infection at the time of death. The Health & Wellness Director (HWD) is in the process of obtaining physician's signature on the revised Physician Order Sheet (POS) for resident #24. The Divisional Director of Health & Wellness (DDHW) provided education to the Health & Wellness Director (HWD) on the need to have the annual health statement incorporated in all residents' POS quarterly and obtain physician signatures on all the POS. This education was completed on 04/2/26.	04/30/2026

	for Resident 92, included, but were not limited to, dementia and anxiety. Resident 92's clinical record lacked documentation of an annual health statement. During an interview on 4/2/26 at 11:10 a.m., the DON (Director of Nursing) indicated that the facility lacked a specific policy regarding annual health statements and the facility followed the state regulations regarding annual health statements. During an interview on 4/2/26 at 11:38 a.m., the DON indicated that the annual health statement documentation could not be located for Resident 24 or for Resident 92.			

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 SIGNATUREKatelyn Holding	TITLEExecutive Director	(X6) DATE04/23/2026