STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CROWN POINT	140 E 107TH AVENUE, CROWN POINT, , 46307

(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 Intake IN00459249. Intake IN00459249 - State deficiencies related to the allegations are cited at R0045 and R0048. Survey date: August 22, 2025 Facility number: 012940 Residential Census: 59 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 8/26/25.	R 0000		
R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9) (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:	R 0045	**R045 – Resident Rights – Deficiency** What	09/04/2025

	(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described in subdivision (9). (7) Except when specified in		corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B is no longer a resident at Bickford of Crown Point. No other residents were affected by this deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The involuntary discharge policy has been updated to reflect compliance with regulations and facility leadership has been re-educated on this policy. What measures will be put into place or what systemic changes the facility will make	

	subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge; (D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or (E) a resident has not resided in the facility for thirty (30) days. (9) For health facilities, the written notice specified in subdivision (7) must include the following: (A) The reason for transfer or discharge. (B) The effective date of transfer or discharge. (C) The location to which the resident is transferred or discharged. (D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to		to ensure that the deficient practice does not recur; The Divisional Director of Operations will review all involuntary discharges for policy compliance through September 2026. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Executive Director will monitor discharges on a monthly basis to ensure involuntary discharges include a full Notice of Transfer Discharge form, physician notification, and the involuntary discharge documentation in the resident’s clinical record. Date	

	leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " . (E) The name of the director and the address, telephone number, and hours of operation of the division. (F) A hearing request form prescribed by the department. (G) The name, address, and telephone number of the state and local long term care ombudsman. (H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission. Based on record review and interview, the facility failed to ensure a resident who was issued a 30-day notice of involuntary discharge received		of Compliance: 9/4/2025	

	the full Notice of Transfer Discharge form, their Physician was notified of the involuntary discharge, and the involuntary discharge was documented in their clinical record for 1 of 3 residents reviewed for discharge. (Resident B) Finding includes: On 8/22/25 at 9:32 a.m. the Administrator was asked if there had been any involuntary discharges or 30-day notices of discharge issued in the facility in the last 5 months. She provided a Discharge Summary Report with Resident B listed as an involuntary discharge due to nonpayment on 6/20/25. The Administrator provided a file folder labeled "Involuntary Discharge." There was a letter to the Resident's responsible party, dated 6/5/25, that indicated the resident was being issued a 30-day notice of involuntary discharge due to nonpayment. Attached to the letter was the Notice of Transfer Discharge Request for Hearing form. The separate two page Notice of Transfer Discharge form was dated as effective 7/5/25. The reason for transfer indicated the resident had failed, after reasonable and appropriate notice, to pay. The transfer location was written as "TBD" (to be determined).			

	Resident B's closed record was reviewed on 8/22/25 at 9:55 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety, and hyperlipidemia. A Progress Note, dated 6/20/25 at 11:07 a.m., indicated the resident was being discharged to another nursing facility. The resident's Nurse Practitioner was notified of the transfer at this time. There was lack of documentation to indicate the reason for the discharge or if any discharge planning had occurred. There were no other notes related to the discharge. During an interview on 8/22/25 at 10:52 a.m., the Administrator indicated on 5/9/25, the resident's responsible party was sent a letter that the resident's balance would need to be paid or a 30-day notice would be issued. As of 6/5/25, she had not paid the balance, so a letter was sent as the official 30-day notice of involuntary discharge along with the Notice of Transfer Discharge Request for Hearing form. The separate two-page Notice of Transfer Discharge form was not sent at this time. The resident's responsible party picked up the Notice of Transfer Discharge form from the facility about a week later. She was unsure why all the forms were not issued along with the 30-day notice. On 6/20/25, the			

resident's responsible party came to the facility and indicated she had selected a new facility and the resident was discharging.

During an interview on 8/22/25 at 11:32 a.m., the Administrator indicated the resident's Physician had not been notified that the 30-day notice of involuntary discharge had been issued. She was not aware the Physician needed to be notified since the reason for the discharge was not care-related.

This citation relates to Intake IN00459249.

Based on record review and interview, the facility failed to ensure a resident who was issued a 30-day notice of involuntary discharge received the full Notice of Transfer Discharge form, their Physician was notified of the involuntary discharge, and the involuntary discharge was documented in their clinical record for 1 of 3 residents reviewed for discharge. (Resident B)

Finding includes:

On 8/22/25 at 9:32 a.m. the Administrator was asked if there had been any involuntary discharges or 30-day notices of discharge issued in the facility in the last 5 months. She provided a Discharge Summary Report with Resident B listed as an

	involuntary discharge due to nonpayment on 6/20/25. The Administrator provided a file folder labeled "Involuntary Discharge." There was a letter to the Resident's responsible party, dated 6/5/25, that indicated the resident was being issued a 30-day notice of involuntary discharge due to nonpayment. Attached to the letter was the Notice of Transfer Discharge Request for Hearing form. The separate two page Notice of Transfer Discharge form was dated as effective 7/5/25. The reason for transfer indicated the resident had failed, after reasonable and appropriate notice, to pay. The transfer location was written as "TBD" (to be determined). Resident B's closed record was reviewed on 8/22/25 at 9:55 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety, and hyperlipidemia.			

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	at 11:32 a.m., the Administrator indicated the resident's Physician had not been notified that the 30-day notice of involuntary discharge had been issued. She was not aware the Physician needed to be notified since the reason for the discharge was not care-related. This citation relates to Intake IN00459249.			
R 0048	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(18-24) (18) Prior to any interfacility or involuntary intrafacility relocation, the facility shall prepare a relocation plan to prepare the resident for relocation and to provide continuity of care. In nonemergency relocations, the planning process shall include a relocation planning conference to which the resident, his or her legal representative, family members, and physician shall be invited. The planning conference may be waived by the resident. (19) At the planning conference the resident ' s medical, psychosocial, and social needs with respect to the relocation shall be considered and a plan devised to meet these needs. (20) The facility shall provide reasonable assistance to the resident to carry out the relocation plan. (21) The facility must provide	R 0048	**R048 – Resident Rights – Deficiency** What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B is no longer a resident at Bickford of Crown Point. No other residents were affected by this deficient practice. How the facility will identify other residents having the potential to	09/04/2025

	sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. (22) If the relocation plan is disputed, a meeting shall be held prior to the relocation with the administrator or his or her designee, the resident, and the resident ' s legal representative. An interested family member, if known, shall be invited. The purpose of the meeting shall be to discuss possible alternatives to the proposed relocation plan. (23) A written report of the content of the discussion at the meeting and the results of the meeting shall be reviewed by: (A) the administrator or his or her designee; (B) the resident; (C) the resident ' s legal representative; and (D) an interested family member, if known; each of whom may make written comments on the report. (24) The written report of the meeting shall be included in the resident ' s permanent record. Based on record review and interview, the facility failed to ensure a relocation plan and relocation planning conference were completed for a resident who was issued a 30-day notice of involuntary discharge for 1 of 3 residents reviewed for		be affected by the same deficient practice and what corrective action will be taken; The involuntary discharge policy has been updated to reflect compliance with regulations and facility leadership has been reeducated on this policy. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; The Divisional Director of Operations will review all involuntary discharges for policy compliance through September 2026. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;	

	discharge. (Resident B) Finding includes: On 8/22/25 at 9:32 a.m. the Administrator was asked if there had been any involuntary discharges or 30-day notices of discharge issued in the facility in the last 5 months. She provided a Discharge Summary Report with Resident B listed as an involuntary discharge due to nonpayment on 6/20/25. The Administrator provided a file folder labeled "Involuntary Discharge." There was a letter, dated 6/5/25, to the Resident's responsible party that indicated the resident was being issued a 30-day notice of involuntary discharge due to nonpayment. Attached to the letter was the Notice of Transfer Discharge Request for Hearing form. The separate two page Notice of Transfer Discharge form was dated as effective 7/5/25. The reason for transfer indicated the resident had failed, after reasonable and appropriate notice, to pay. The transfer location was written as "TBD" (to be determined). Resident B's closed record was reviewed on 8/22/25 at 9:55 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety, and hyperlipidemia. A Progress Note, dated 6/20/25		and The Executive Director will monitor discharges on a monthly basis to ensure involuntary discharges include a relocation plan and relocation planning conference and documentation of such in the resident’s clinical record. Date of Compliance: 9/4/2025	

at 11:07 a.m., indicated the resident was being discharged to another nursing facility. There was a lack of documentation to indicate the reason for the discharge or if any discharge planning had occurred. There were no other notes related to the discharge.

During an interview on 8/22/25 at 10:52 a.m., the Administrator indicated on 5/9/25 the resident's responsible party was sent a letter that the resident's balance would need to be paid, or a 30-day notice would be issued. As of 6/5/25, she had not paid the balance so a letter was sent as the official 30-day notice of involuntary discharge along with the Notice of Transfer Discharge Request for Hearing form. The facility was starting the process to plan a discharge meeting with the resident's responsible party, but on 6/20/25 the resident's responsible party came to the facility and indicated she had selected a new facility and the resident was discharging. There was no relocation plan or planning conference completed by the facility prior to the resident's discharge on 6/20/25.

This citation relates to Intake IN00459249.

Based on record review and interview, the facility failed to ensure a relocation plan and

relocation planning conference were completed for a resident who was issued a 30-day notice of involuntary discharge for 1 of 3 residents reviewed for discharge. (Resident B)

Finding includes:

On 8/22/25 at 9:32 a.m. the Administrator was asked if there had been any involuntary discharges or 30-day notices of discharge issued in the facility in the last 5 months. She provided a Discharge Summary Report with Resident B listed as an involuntary discharge due to nonpayment on 6/20/25.

The Administrator provided a file folder labeled "Involuntary Discharge." There was a letter, dated 6/5/25, to the Resident's responsible party that indicated the resident was being issued a 30-day notice of involuntary discharge due to nonpayment. Attached to the letter was the Notice of Transfer Discharge Request for Hearing form. The separate two page Notice of Transfer Discharge form was dated as effective 7/5/25. The reason for transfer indicated the resident had failed, after reasonable and appropriate notice, to pay. The transfer location was written as "TBD" (to be determined).

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	This citation relates to Intake IN00459249.			

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