STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CARMEL	5829 EAST 116TH STREET, CARMEL, , 46033

(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 IN00381863. Complaint IN00381863 - Substantiated. State deficiencies related to the allegations are cited at R088. Survey date: June 8, 2022 Facility number: 013217 Residential Census: 37 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on June 13, 2022.	R 0000		
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	R 0088	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were harmed by	06/21/2022

	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 employ a licensed facility administrator for the period of July 2021 through the date of the survey, June 8, 2022. This deficient practice had the potential to affect 37 of 37 residents residing in the facility. Finding includes: During an interview, on 06/08/2022 at 9:52 a.m., the acting Director of the facility denied being a licensed administrator and indicated he was an Administrator In Training (AIT). He indicated he began his		this alleged deficient practice. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** No residents were harmed by this alleged deficient practice. **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 branch has acquired a licensed Resident Care Administrator, who has began employment as of 06/10/2022. The facility has completed the change of administrator form and emailed today (6/21/2022). **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?**	

	employment at the facility 08/16/2021 and was accepted into the AIT program on 04/04/2022. He planned to test for licensing in August 2022. His preceptor was the Divisional Director of Operations (DDO). During the interview, the Director indicated the DDO had a "home office" and visited the facility 3 to 4 times a week. A current facility policy, titled "Director Requirements," dated as revised on 07/2012 and received on 06/08/2022 at 11:02 a.m., indicated "...shall employ an administrator/operator who has completed the training requirements pursuant to State Law. The administrator/operator, hereafter referred to as Director, shall have the same statutory responsibility in ensuring the compliance of the Branch with all rule and regulations...The Director shall...hold a license/certificate as required by the State. Be employed full time...." This State tag relates to Complaint IN00381863. Based on interview and record review, the facility failed to employ a licensed facility administrator for the period of July 2021 through the date of the survey, June 8, 2022. This deficient practice had the potential to affect 37 of 37		The branch will continue to employee a Licensed Residential Care Administrator and complete the appropriate form if a change occurs. Compliance Date: 06.21.2022	

residents residing in the facility.

Finding includes:

During an interview, on 06/08/2022 at 9:52 a.m., the acting Director of the facility denied being a licensed administrator and indicated he was an Administrator In Training (AIT). He indicated he began his employment at the facility 08/16/2021 and was accepted into the AIT program on 04/04/2022. He planned to test for licensing in August 2022. His preceptor was the Divisional Director of Operations (DDO). During the interview, the Director indicated the DDO had a "home office" and visited the facility 3 to 4 times a week.

A current facility policy, titled "Director Requirements," dated as revised on 07/2012 and received on 06/08/2022 at 11:02 a.m., indicated "...shall employ an administrator/operator who has completed the training requirements pursuant to State Law. The administrator/operator, hereafter referred to as Director, shall have the same statutory responsibility in ensuring the compliance of the Branch with all rule and regulations...The Director shall...hold a license/certificate as required by the State. Be employed full time...."

	This State tag relates to Complaint IN00381863.			

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