STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/15/2025

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 a State Residential Licensure Survey. Survey dates: October 14 and 15, 2025 Facility number: 013217 Residential Census: 51 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 21, 2025.	R 0000	POC – Bickford of Carmel – YP3J11 Annual R117 Personnel – Deficiency What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · 0 residents were harmed 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 · Executive Director will complete an audit of all employee files to ensure compliance by 11/25/25 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Divisional Director of	

			Operations will re-educate Executive Director on policy PP-30800 First Aid and CPR by 11/25/25 How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place · Divisional Director of Operations will audit next 6 new employee files and on routine visits to ensure compliance R273 Food and Nutritional Services - Deficiency · 0 residents were harmed by this deficient practice. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · An audit of all food storage items was immediately completed on 10/16/25 and all compromised unlabeled food was discarded. · Replacement cabinet doors for 2 of 2 kitchens were ordered and will be replaced when delivered · Overall cleaning on doors, walls, ceilings, dry storage, handwashing sink, refrigerators and lids were placed on trash cans in both kitchens was	

			completed on 10/16/25 and 10/17/25 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 · Executive Director will complete dining service quality audit to ensure compliance. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Executive Director completed retraining for all cooks, including the Kitchen Manager on 10/28/25 to ensure proper food sanitation related to food labeling and dating all open items in the refrigerators and freezers, lid on the trash can when not in use, missing cabinet doors, and sanitary procedures are being followed. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place.	

			· Kitchen Manager/Designee will complete dining service quality audit weekly for four weeks and then monthly for three months. This monitoring cycle will start over if improper storage or labeling or dirty areas are found. · Executive Director will review service quality audit and walk through kitchen to confirm accuracy. · Divisional Director of Operations will monitor compliance on routine site visits.	
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing	R 0117	POC – Bickford of Carmel – YP3J11 Annual R117 Personnel – Deficiency What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · 0 residents were harmed 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 · Executive Director will complete an audit of all employee files to ensure compliance by 11/25/25 What measures will be put into	11/25/2025

	services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure at least one staff member certified for cardiopulmonary resuscitation (CPR) and first aid training was on duty for 2 of 21 shifts reviewed for staffing. Findings include: The staffing schedules and employee certifications were reviewed, on 10/15/25 at 9:30 a.m., for the week of 10/5/25 through 10/11/25. On 10/5/25, there were no staff members with first aid training in the building for the night shift (10:30 p.m.-6:30 a.m.). On 10/11/25, there were no staff members with valid CPR certification or first aid training in the building for the day shift (6:30 a.m.-2:30 p.m.). During an interview, on 10/15/25 at 12:30 p.m., the Executive Director (ED) indicated the facility had provided all CPR and first aid certifications for the		place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Divisional Director of Operations will re-educate Executive Director on policy PP-30800 First Aid and CPR by 11/25/25 How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place · Divisional Director of Operations will audit next 6 new employee files and on routine visits to ensure compliance R273 Food and Nutritional Services - Deficiency · 0 residents were harmed by this deficient practice. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · An audit of all food storage items was immediately completed on 10/16/25 and all compromised unlabeled food was discarded.	

	employees and the facility followed the state guidelines. A facility policy was not provided at time of exit. Based on interview and record review, the facility failed to ensure at least one staff member certified for cardiopulmonary resuscitation (CPR) and first aid training was on duty for 2 of 21 shifts reviewed for staffing. Findings include: The staffing schedules and employee certifications were reviewed, on 10/15/25 at 9:30 a.m., for the week of 10/5/25 through 10/11/25. On 10/5/25, there were no staff members with first aid training in the building for the night shift (10:30 p.m.-6:30 a.m.). On 10/11/25, there were no staff members with valid CPR certification or first aid training in the building for the day shift (6:30 a.m.-2:30 p.m.). During an interview, on 10/15/25 at 12:30 p.m., the Executive Director (ED) indicated the facility had provided all CPR and first aid certifications for the employees and the facility followed the state guidelines.		· Replacement cabinet doors for 2 of 2 kitchens were ordered and will be replaced when delivered · Overall cleaning on doors, walls, ceilings, dry storage, handwashing sink, refrigerators and lids were placed on trash cans in both kitchens was completed on 10/16/25 and 10/17/25 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 · Executive Director will complete dining service quality audit to ensure compliance. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Executive Director completed retraining for all cooks, including the Kitchen Manager on 10/28/25 to ensure proper food sanitation related to food labeling and dating all open items in the refrigerators and freezers, lid on the trash can when not in use, missing cabinet doors, and sanitary procedures are being followed. How the corrective actions will be monitored to ensure the deficient practice will not recur,	

	A facility policy was not provided at time of exit.		what quality assurance program will be put into place. · Kitchen Manager/Designee will complete dining service quality audit weekly for four weeks and then monthly for three months. This monitoring cycle will start over if improper storage or labeling or dirty areas are found. · Executive Director will review service quality audit and walk through kitchen to confirm accuracy. · Divisional Director of Operations will monitor compliance on routine site visits.	
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 the kitchen was maintained in a safe, sanitary manner and in good repair for 2 of 2 kitchens observed. (Assisted Living Kitchen and Memory Care Kitchen) Findings include:	R 0273	POC – Bickford of Carmel – YP3J11 Annual R117 Personnel – Deficiency What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · 0 residents were harmed 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 · Executive Director will complete an audit of all employee files to ensure	10/28/2025

	1. During observations of the Assisted Living Kitchen, on 10/14/25 at 09:45 a.m., the lower kitchen cabinet doors were missing for 4 out of 8 lower kitchen cabinets. The lower kitchen cabinets next to the refrigerator, in the corner, under the sink and to the right of the sink were without cabinet doors. The kitchen floor had dried chunks of food along the edges of the lower cabinets. A stainless-steel food prep table, next to the stove, had dried splattered food. Four bulk food storage bins were all with dried food on the lids and the outside of the bins. Scoops were inside the bulk food bins. During an interview, on 10/14/25 at 9:58 a.m., Dietary staff 2 indicated the doors should have been on cabinets, flooring should have been clean and free of debris, counter and prep tables should have been clean and scoops should not have been in bins. 2. During observation of the Assisted Living Kitchen, on 10/14/25 at 9:56 a.m., refrigerator 1 had one half of a watermelon wrapped in clear saran wrap without a label or date, pasta salad in a sealed container without a label or date, a package of turkey breast sandwich meat wrapped in clear saran wrap without a label or date, two opened bottles of		compliance by 11/25/25 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Divisional Director of Operations will re-educate Executive Director on policy PP-30800 First Aid and CPR by 11/25/25 How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place · Divisional Director of Operations will audit next 6 new employee files and on routine visits to ensure compliance R273 Food and Nutritional Services - Deficiency · 0 residents were harmed by this deficient practice. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · An audit of all food storage items was immediately completed on 10/16/25 and all compromised unlabeled food was discarded. · Replacement cabinet doors for	

	water without label or date and a whole turkey in a unvacuumed clear bag without a label or date. Refrigerator 2 had four juice pitchers filled with fluid covered with clear saran wrap without a label or date. During an interview, on 10/14/25 at 9:58 a.m., Dietary staff 2 indicated food products kept in the refrigerators should have had label with a date on it. 3. During an observation of the Assisted Living Kitchen, on 10/14/25 at 10:17 a.m., the freezer had an open bag of corn in a zip lock bag without a label or date, a bag of peas with carrots open in a zip lock back without a label or date, an opened container of ice cream without a label or date, two paper cups of Kona ice with no lids and spoons in the cups and a whole turkey not in a sealed bag without a label or date. During an interview, on 10/14/25 at 10:19, Dietary staff 2 indicated all products in the freezer should have been sealed with a label and date. 4. During an observation of the Assisted Living Kitchen food pantry, on 10/14/25 at 10:22 a.m., the floor, under the metal shelving, had dirt, food, plastic silverware, plastic lids, packets of individual condiments, and rodent droppings.		2 of 2 kitchens were ordered and will be replaced when delivered · Overall cleaning on doors, walls, ceilings, dry storage, handwashing sink, refrigerators and lids were placed on trash cans in both kitchens was completed on 10/16/25 and 10/17/25 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 · Executive Director will complete dining service quality audit to ensure compliance. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Executive Director completed retraining for all cooks, including the Kitchen Manager on 10/28/25 to ensure proper food sanitation related to food labeling and dating all open items in the refrigerators and freezers, lid on the trash can when not in use, missing cabinet doors, and sanitary procedures are being followed. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program	

	During an interview, on 10/14/25 at 10:24 a.m., Dietary staff 2 indicated the floor should have been clean and the "bug man" was in recently. 5. During an observation of the Assisted Living dishwashing area, on 10/14/25 at 10:47 a.m., the floor was covered with dirt, food and white pieces of broken tableware under the three-sink station. The middle sink drain had many chunks of food. During an interview, on 10/14/25 at 10:47 a.m., Dietary staff 2 indicated the floor should have been clean and the sink should have been without food. 6. During an observation of the Assisted Living Kitchen, on 10/14/25 at 11:01 a.m., a contracted employee came into the kitchen with a personal cup and reached into the ice maker with the cup and filled it with ice. During an interview, on 10/14/25 at 11:01 am, Dietary staff 2 indicated ice was then contaminated and placed a "do not use" sign on the ice machine. 7. During an observation of the Assisted Living Kitchen prep area, on 10/14/25 at 11:02 a.m., a gray trash barrel was uncovered with trash and food product. The handwashing sink had dirt and black debris collected at the drain and the		will be put into place. · Kitchen Manager/Designee will complete dining service quality audit weekly for four weeks and then monthly for three months. This monitoring cycle will start over if improper storage or labeling or dirty areas are found. · Executive Director will review service quality audit and walk through kitchen to confirm accuracy. · Divisional Director of Operations will monitor compliance on routine site visits.	

trashcan next to the sink was without a lid.

During an interview, on 10/14/25 at 11:02 a.m., Dietary staff 2 indicated the trash cans should have been covered and the sink should have been clean.

8. During an observation of the Memory Care Kitchen, on 10/14/25 at 11:12 a.m., the kitchen cabinets doors were absent for 4 of 11 lower kitchen cabinets. The cabinet doors were absent from the cabinet below the coffee bar, the cabinet below the microwave, the cabinet below the safe serve, and the cabinet to the right below the safe serve. The Memory Care Kitchen refrigerator lower rack had dirt of unknown crumbles of food and dried liquid. The Memory Care Kitchen refrigerator had four clear juice pitchers with fluid covered with clear saran wrap without a label or a date. The Memory Kitchen safe serve station had three lids with dried food products all over them. The water in the three basins of the safe serve station was dirty with chunks of floating food.

During an interview, on 10/14/25 at 11:19 a.m., Dietary Staff 2 indicated the Memory Care Kitchen cabinets were missing, the safe serve and refrigerator needed to be cleaned, and juice pitchers should have been

labeled and dated.

A current facility policy, titled "Food Storage Labeling and Dating," dated as revised on 10/20/24 and received from the Executive Director on 10/14/25 at 11:30 a.m., indicated "...Label used to indicate the contents, date...Labeling Requirements...Each label must include the following information...Product Name...Clearly indicate the name of the food item...Date of Preparation/Opening...Include the date the food was...opened...."

Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in a safe, sanitary manner and in good repair for 2 of 2 kitchens observed. (Assisted Living Kitchen and Memory Care Kitchen)

Findings include:

1. During observations of the Assisted Living Kitchen, on 10/14/25 at 09:45 a.m., the lower kitchen cabinet doors were missing for 4 out of 8 lower kitchen cabinets. The lower kitchen cabinets next to the refrigerator, in the corner, under the sink and to the right of the sink were without cabinet doors. The kitchen floor had dried chunks of food along the edges of the lower cabinets. A

	stainless-steel food prep table, next to the stove, had dried splattered food. Four bulk food storage bins were all with dried food on the lids and the outside of the bins. Scoops were inside the bulk food bins. During an interview, on 10/14/25 at 9:58 a.m., Dietary staff 2 indicated the doors should have been on cabinets, flooring should have been clean and free of debris, counter and prep tables should have been clean and scoops should not have been in bins. 2. During observation of the Assisted Living Kitchen, on 10/14/25 at 9:56 a.m., refrigerator 1 had one half of a watermelon wrapped in clear saran wrap without a label or date, pasta salad in a sealed container without a label or date, a package of turkey breast sandwich meat wrapped in clear saran wrap without a label or date, two opened bottles of water without label or date and a whole turkey in a unvacuumed clear bag without a label or date. Refrigerator 2 had four juice pitchers filled with fluid covered with clear saran wrap without a label or date.			

During an interview, on 10/14/25 at 9:58 a.m., Dietary staff 2 indicated food products kept in the refrigerators should have had label with a date on it.

3. During an observation of the Assisted Living Kitchen, on 10/14/25 at 10:17 a.m., the freezer had an open bag of corn in a zip lock bag without a label or date, a bag of peas with carrots open in a zip lock back without a label or date, an opened container of ice cream without a label or date, two paper cups of Kona ice with no lids and spoons in the cups and a whole turkey not in a sealed bag without a label or date.

During an interview, on 10/14/25 at 10:19, Dietary staff 2 indicated all products in the freezer should have been sealed with a label and date.

4. During an observation of the Assisted Living Kitchen food pantry, on 10/14/25 at 10:22 a.m., the floor, under the metal shelving, had dirt, food, plastic silverware, plastic lids, packets of individual condiments, and rodent droppings.

During an interview, on 10/14/25 at 10:24 a.m., Dietary staff 2 indicated the floor should have been clean and the "bug man" was in recently.

5. During an observation of the Assisted Living dishwashing

area, on 10/14/25 at 10:47 a.m., the floor was covered with dirt, food and white pieces of broken tableware under the three-sink station. The middle sink drain had many chunks of food.

During an interview, on 10/14/25 at 10:47 a.m., Dietary staff 2 indicated the floor should have been clean and the sink should have been without food.

6. During an observation of the Assisted Living Kitchen, on 10/14/25 at 11:01 a.m., a contracted employee came into the kitchen with a personal cup and reached into the ice maker with the cup and filled it with ice.

During an interview, on 10/14/25 at 11:01 am, Dietary staff 2 indicated ice was then contaminated and placed a "do not use" sign on the ice machine.

7. During an observation of the Assisted Living Kitchen prep area, on 10/14/25 at 11:02 a.m., a gray trash barrel was uncovered with trash and food product. The handwashing sink had dirt and black debris collected at the drain and the trashcan next to the sink was without a lid.

During an interview, on 10/14/25 at 11:02 a.m., Dietary staff 2 indicated the trash cans should have been covered and the sink should have been clean.

8. During an observation of the Memory Care Kitchen, on 10/14/25 at 11:12 a.m., the kitchen cabinets doors were absent for 4 of 11 lower kitchen cabinets. The cabinet doors were absent from the cabinet below the coffee bar, the cabinet below the microwave, the cabinet below the safe serve, and the cabinet to the right below the safe serve. The Memory Care Kitchen refrigerator lower rack had dirt of unknown crumbles of food and dried liquid. The Memory Care Kitchen refrigerator had four clear juice pitchers with fluid covered with clear saran wrap without a label or a date. The Memory Kitchen safe serve station had three lids with dried food products all over them. The water in the three basins of the safe serve station was dirty with chunks of floating food.

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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 SIGNATUREJennifer Hodge	TITLERCA	(X6) DATE11/04/2025