PRINTED: 08/01/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
			B. WING		_	06/20/2024	
			Ь	CED FEET.	A PRINCIPLE OF THE COR		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
DIOKEOE		INIT			07TH AVENUE		
BICKFOR	RD OF CROWN PO	IIN I	CROWN POINT, IN 46307				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID PROVIDER		PROVIDER'S PLAN OF CORRECTION	MED'S DI AN OF CODDECTION	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)		(EACH CORRECTIVE ACTION SHOULD BE	F	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION				_	DATE	
R 0000							
Bldg. 00							
	This visit was for th	e Investigation of Complaint	R 0000				
	IN00432249.						
	Complaint IN00432	249- No deficiencies related to					
	the allegations are c						
	Č						
	Unrelated deficience	y is cited.					
	Survey date: June 2	20, 2024					
	Facility number: 012940						
	·						
	Residential Census: 52						
	recitational consust 32						
	These State Residential Findings are cited in accordance with 410 IAC 16.2-5.						
	Quality review completed June 21, 2024						
		•					
R 0055	055 410 IAC 16.2-5-1.2(y)(1-4)						
	Residents' Rights - Deficiency						
Bldg. 00	-	e the right to be treated as					
_	,	nsideration and respect for					
		acy shall be afforded for at					
	least the following						
	(1) Bathing.	•					
	(2) Personal care.						
	` '	inations and treatments.					
	(4) Visitations.	madene and realments.					
		riew and interview, the facility	R 00	55	POC – Bickford of Crown Poin	t _	07/26/2024
		sident's privacy was protected	1, 00	55	Complaint # IN00432249	•	0112012024
		g through a resident's			35.//plaint // 1/100702270		
		-			R092 – Resident Rights-		
	belongings without permission for 1 of 1 residents reviewed for misappropriation or property. (Resident B)				Deficiency		
					· 1 resident was affected by		
					this practice		
	Finding includes:						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State Form Event ID: 56M011 Facility ID: 012940 If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
			B. WING			06/20/2024	
				CTREET	ADDRESS SITE STATE SID COD		
NAME OF PROVIDER OR SUPPLIER				1	ADDRESS, CITY, STATE, ZIP COD 07TH AVENUE		
BICKEO		MNIT					
BICKFOR	RD OF CROWN PC	JIN I		CROW	N POINT, IN 46307		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG			DATE
					What corrective actions will be	:	
	Resident B's record was reviewed on 6/20/24 at 9:28 a.m. Diagnoses included, but were not limited to, vascular dementia and depression with anxiety.				accomplished for those reside	nts	
				found to have been affected by		y the	
					deficient practice?		
					· CNA 1 is no longer		
	An Indiana Departn	nent of Health reportable			employed with Bickford		
	incident, dated 6/11/24, indicated the resident's						
	family had called and reported a potential theft.				How the facility will identify oth	ner	
					residents having the potential to		
	During an interview on 6/20/24 at 12:31 p.m., the				be affected by the same deficient		
	Health and Wellnes	s Director (HWD) indicated			practice and what corrective a	ction	
	the resident's family	y had called the facility to			will be taken?		
	report the potential theft of money from the				· Health and Wellness		
	resident's purse. The family had a video				Director checked in with all		
	monitoring device in the room and had observed				residents to ensure they did not		
	CNA 1 take money out of the resident's purse the				experience any theft.		
	previous night while the resident was in the				No other residents have		
	shower. The family brought the video in and the				been affected by this deficiend	;y	
	HWD reviewed it. In the video, CNA 1 was				-		
	observed entering the resident's room while the				What measures will be put into		
	resident was in the	shower. CNA 1 went through	place or what systemic changes		es		
	the resident's purse	and removed some cash. She			the facility will make to ensure		
	held the cash in her	hand and flipped through it,			that the deficient practice does	not	
	as if she were counting it, flicking some bills to the				recur.		
	floor in the process. She placed the money				· Executive Director and		
	remaining in her ha	nd back in to the resident's			Health and wellness Director v	vill	
	purse. She then picked up the cash from the floor				be re-educated in policy pertai	ning	
	and turned to exit the room. Prior to exiting the				to Resident Rights, including		
	room, she had looked around and noticed the				protecting resident's privacy		
	video monitoring device in the room. She looked				related to misappropriation of		
	out in to the hallway and then returned to the				property by 7/12/24		
	room. She went back to the resident's purse and				· Health and Wellness		
	appeared to place the money back in the purse.				Director will hold in-service for all		
	The resident and her family were unable to verify				employees and re-educate on		
	how much cash was in the resident's purse prior				Resident Rights related to		
	to the incident and the HWD was therefore unable				misappropriation of property by		
	to confirm if any m	oney was actually taken by			7/15/24		
	CNA 1. The HWD had interviewed CNA 1, and						
	the CNA denied an	y knowledge of the incident			· How the corrective action	n(s)	
	and resigned from her position. The resident's				will be monitored to ensure the		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING 00		COMPLETED			
			B. WING			06/20/2024	
			Щ,		_		
NAME OF F	PROVIDER OR SUPPLIER	8	STREET ADDRESS, CITY, STATE, ZIP COD				
					07TH AVENUE		
BICKFORD OF CROWN POINT			CROWN POINT, IN 46307				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID PROVIDER'S PLAN OF CORRECTION		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD B		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	family had filed a p	olice report and were pressing	deficient pract		deficient practice will not recur	.,	
	charges. The HWD	had spoken with the police			i.e., what quality assurance		
	department and was	s informed CNA 1 was being			program will be put into place?	?	
	_	rsion and exploitation of an			· Divisional Director of		
	endangered adult.				operations to review next 3 state		
					reportable incidents related to		
					residents rights.		
					 Divisional Director of 		
					operations to review reportable	е	
					incidents to ensure compliance	e on	
					routine visits.		
					 Executive Director/Hea 		
					and Wellness Director/Health		
					Wellness Coordinator to condi	uct	
					random observations of CNAs		
					providing care in resident		
					apartments 3x/week for 4 wee	ks,	
					1x/week for 4 weeks, then		
					monthly for 4 months.		
					· Administrative staff will		
					conduct interviews with 5		
					randomly selected		
					residents/family members to		
					ensure concerns related to pri	-	
					and misappropriation have all	been	
					reported for investigation		
					[
					By what date the systemic		
					changes will be completed by		
					7/26/24.		
	l		1				

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