

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

PRINTED: 05/08/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/02/2024	
NAME OF PROVIDER OR SUPPLIER BICKFORD OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP COD 5829 EAST 116TH STREET CARMEL, IN 46033			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for Investigation of Complaints IN00430797, IN00431347, and IN00431545. Complaint IN00430797-No deficiencies related to the allegations were cited.. Complaint IN00431347-State deficiencies related to the allegations are cited at R0217. Complaint IN00431545-No deficiencies related to the allegations were cited. Survey dates: April 1 and 2, 2024 Facility number: 013217 Residential Census: 36 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5. Quality review completed on April 10, 2024.			R 0000			
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.						

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

TITLE

(X6) DATE

Jamie Langhans

Divisional Director of Health & Operations

04/26/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards 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 disclosable 30 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.

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	<p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to update the service plan to reflect services provided for fall safety and for elopement safety after a change in the resident's condition for 1 of 3 residents reviewed for service plans (Resident F).</p> <p>Findings include:</p> <p>Resident F's record was reviewed on 4/1/24 at 4:07 p.m. Diagnoses included, but were not limited to, memory impairment, myasthenia gravis, word finding difficulty, anxiety and chronic kidney disease stage III.</p> <p>1. A current elopement risk list, dated April 2024 provided by the Health and Wellness Director (HWD) on 4/1/24 at 2:58 p.m., indicated Resident F was an elopement risk.</p> <p>A nursing progress note, dated 2/2/24 at 1:30 p.m., indicated Resident F was agitated and exit seeking. The resident was indicating she wanted</p>			R 0217	<p>POC – Bickford of Carmel – Survey Event ID #8DWQ11</p> <p>R217 – Evaluation - Deficiency</p> <p>The rule is not met as evidenced by the facility failed to update the service plan to reflect services provided for fall safety and for elopement safety after a change in the resident's condition for 1 of 3 residents reviewed for service plans</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident F no longer resides in facility</p> <p>How will the facility identify</p>		05/24/2024

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	<p>to go out. Even after being redirected, she still insisted she wanted to get out of the facility and did not belong in the facility.</p> <p>The current Nurse Assessment, dated 9/15/23, indicated in the nerves, muscles and bone structure part that the resident was unsteady on her feet for more then a couple steps. She utilized her walker for short distances with therapy services, but she usually used her wheelchair for mobility. The sleeping habit part indicated she was awake at night frequently and had episodes of restlessness during the night and typically napped during the day.</p> <p>The current Cognitive Assessment, dated 9/15/23, indicated she had severe cognitive decline or middle dementia. The stage included, but was not limited to, the following signs and symptoms: may go through a period of constant pacing, wandered away from facility, or wanting to go home, and not recognizing the facility. She may have used "word salad" to communicate and generally unaware of her surroundings, the year, season and etc.</p> <p>A Service Assessment and Service Plan, dated 9/15/23, the Service plan part indicated Review/Update the Service plan every 180 days or with significant change of conditions. The safety part lacked interventions for her being an elopement risk and exit seeking.</p> <p>2. A current fall list, dated March 2024, for the last 30 days, provided by the (HWD) indicated Resident F had fallen once in the last 30 days.</p> <p>A nursing progress note, dated 12/15/23 at 5:20 a.m., indicated a nurse went into the resident's room to give her morning medication and observed her lying on the floor next to her bed on</p>				<p>other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>Health and Wellness Director/Designee will complete an audit of all resident service plans to ensure residents with exit seeking behaviors and are high fall risk have personalized interventions in place for safety</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>Executive Director and Health & Wellness Director will be responsible for ensuring that all service plans include personalized interventions specific to that resident and are updated with any change of condition</p> <p>Executive Director and Health & Wellness Director will be re-educated on assessment process.</p> <p>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</p> <p>Divisional Director of Health and Operations will review the service plan of the next 3 move ins to ensure personalized interventions are included for high fall risk and residents with elopement risk</p>		

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	<p>her left side. The resident indicated she did not fall, but may have rolled out of the bed.</p> <p>A nursing progress note, dated 3/30/24, indicated an aide found the resident on the floor by her wheelchair without any injury.</p> <p>A nursing progress note, dated 3/31/24 at 10:15 a.m., indicated the resident was complaining of right shoulder pain.</p> <p>The current Nurse Assessment, dated 3/11/24, indicated for the sleeping habits section, the resident was awoken at night frequently with episodes of restlessness and napped during the day.</p> <p>The current Cognitive Assessment, dated 3/11/24, indicated she was a level 6, which indicated she had severe cognitive decline or middle dementia, which included, but was not limited to, the following signs and symptoms; she may begin to have difficulties with walking and fall on a regular basis.</p> <p>A Service Assessment and Service Plan, dated 3/11/24, the Service plan part indicated Review/Update the Service plan every 180 days or with significant change of conditions. In the toileting section, it indicated the resident required assistance with balancing and transferring. The mobility/escort section indicated the resident used a wheelchair for mobility throughout the branch. Therapy services were working with her with the use of a walker, but very short distances due to her balance and gait. She was able to be a two person assist intermittently due to her refusals. The Evacuation section indicated she required assistance with drills and evacuation. The safety part indicated her fall risk assessment</p>				Divisional Director of Health and Operations will audit for compliance on routine visits and at least annually.		

