STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BICKFORD OF GREENWOOD	3021 STELLA DRIVE GREENWOOD, IN 46143

(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 the Investigation of Complaint IN00398786. Complaint IN00398786 - Substantiated. State deficiencies related to the allegations are cited at R0052. Survey date: January 10, 2023 Facility number: 012938 Residential Census: 40 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed January 13, 2023.	R 0000		
R 0052 Bldg. 00	410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility neglected to ensure residents were supervised for 1 of 3 residents reviewed. A resident went on a facility outing and the facility staff failed to ensure the resident returned. (Resident B) Findings include: On 1/10/23 at 11:00 a.m., Resident B's clinical record was reviewed. A service assessment,	R 0052	R052 Residents' Rights Offense · 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? · Resident B was returned to the branch safely.	02/17/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Langhans	Divisional Director of Health & Wellness	02/01/2023

Any defiencystatement 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.

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	dated 8/23/22, indicated Resident B would become confused and had dementia with behaviors. On 1/10/23 at 12:45 p.m., the Bus Driver indicated he drove a group of residents to a lunch outing (7 residents). After lunch at a local restaurant, he went and brought the bus to the door of the restaurant and assisted residents get back on the bus. The LEC (Life Enrichment Coordinator) assisted in getting the residents buckled in. The LEC indicated that all residents were on the bus. The Bus Driver indicated he usually did a double check with the LEC but he did not this time. The Bus Driver indicated he had no reason why he did not double check with the LEC. After the residents got off the bus he went and parked it. After their return, he received a call from a local hospital that they had one of the facilities residents. The Bus Driver indicated he asked if the resident was ok and told them he was on his way. The Bus Driver advised the Director and the LEC indicated the hospital couldn't be right because she did a head count, before they boarded the bus. The Bus Driver went and got Resident B from the hospital. On 1/10/23 at 1:05 p.m., the LEC indicated 7 residents boarded the bus to a local restaurant. The LEC indicated after she paid for the lunches, she gathered the residents to go out to the bus, and did a head count. Once the residents got on the bus and they were buckled in, they left. She indicated always in the past she had done a re-count with the bus driver but indicated to the driver everyone was on board. When she found out Resident B was taken to the emergency room, she panicked and found out Resident B had left the line went to the restroom. Resident B went and sat at their previous table. Someone in the restaurant had called 911 and Resident B was		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 · Any employee taking residents on an outing will use attendance tracking form to list all residents leaving the branch and again prior to leaving the outing to ensure all residents are returning to branch. 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/designee, Health & Wellness Director/designee, Happiness Coordinator, and bus driver received additional training by the Divisional Director of Health & Wellness on resident supervision during branch outings. · Happiness Coordinator, any employee taking residents on an outing and bus driver will be responsible for ensuring residents are safely returned to the branch after each outing. · Divisional Team to educate all employees on the outing process How the corrective actions will be	

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	taken to a local hospital. The facility lacked a policy related to resident outings. This State tag relates to Complaint IN00398786.		monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. · Divisional Director of Health & Wellness to review outing protocol and outing attendance Sheets to ensure all residents are accounted for on the bus upon leaving and returning to the branch (if applicable) on routine visits to the branch and maintained in the branch for 3 months. By what date the systemic changes will be completed by 2/17/23	