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	09/05/2023

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 IN00416173. Complaint IN00416173 - State deficiencies related to the allegations are cited at R0297. Survey date: September 5, 2023 Facility number: 012938 Residential Census: 32 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed September 11, 2023.	R 0000		
R 0297 Bldg. 00	410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure prescribed medications were available for a resident after transferring from another facility for 1 of 3 residents reviewed. (Resident B) Findings include: On 9/5/23 at 11:30 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, mood disorder, alcohol abuse	R 0297	R297 – Pharmaceutical Services - Noncompliance The rule is not met as evidenced by the facility failed to ensure prescribed medications were available for a resident after transferring from another facility for 1 of 3 residents reviewed. What corrective actions will be	10/01/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Langhans	Divisional Director of Health & Wellness	09/22/2023

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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	alcohol dependence with alcohol-induced persisting dementia. The Physician Orders, included but were not limited to: - Clonazepam (an anti-anxiety) 0.05 mg (milligrams) 1 tablet by mouth, three times a day. Resident B's MAR (Medication Administration Record) indicated from 8/24/23 through 8/29/23 Clonazepam was not administered. On 9/5/23 at 11:40 a.m., the Wellness Director indicated on 8/24/23, Resident B was transferred from a Skilled Nursing Facility to an assisted living facility. Resident B arrived from the other facility with all of his medications except for his insulin and his Clonazepam. The Wellness Director indicated the facility received its medications from their pharmacy based in Iowa, and all medication would arrive via UPS. She indicated she learned she needed to place the medication list into the computer to have it transfer to the MAR. The Wellness Director indicated the facility needed signed prescriptions from the physician, who even after multiple tries was unable to be reached to complete Resident B's orders. On 9/5/23 at 1:57 p.m., the Director provided an Admission Agreement, revised 6/2023, and indicated it was the one currently in use by the facility. It indicated residents have a right to pick their own pharmacy if they chose not to use the facility pharmacy, however they or their family would be responsible to get the medications and deliver them to the facility. Resident B's guardian indicated she chose to use the facility pharmacy.		accomplished for those residents found to have been affected by the deficient practice? All medications ordered by physician for Resident B have been received and are being administered as ordered by physician. 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 Health & Wellness Director will review new admission orders to ensure that pharmaceutical services are available to provide residents with prescribed medication prior to admission. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Director and Health and Wellness Director will be re-educated on Medication Management Policy and Pharmaceutical Services to ensure pharmaceutical services are available to provide prescribed medications. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality	

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	This State tag relates to Complaint IN00416173.		assurance program will be put into place: Divisional Director of Health & Operations will review the next 3 admission charts to ensure that pharmaceutical services are available to provide residents with prescribed medications. By what date the systemic changes will be completed by October 1, 2023.	