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	09/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LAFAYETTE BICKFORD COTTAGE LLC	3633 REGAL VALLEY DR LAFAYETTE, IN 47901

(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 IN00388957. Complaint IN00388957 - Substantiated. State Residential Finding related to the allegations is cited at R88 and R52. Survey date: September 20, 2022 Facility number: 004503 Residential Census: 28 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on September 28, 2022.	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 record review and interview, the facility failed to ensure residents were free from abuse, related to unsupervised activities of memory care residents when the facility failed to prevent sexual abuse for 2 of 2 residents reviewed for sexual activity. (Residents B and C) Finding include:	R 0052	· 2 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 service plan updated 9/29/22	10/24/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	An Indiana State Department of Health (ISDH) reportable incident, dated 8/27/2022, indicated Resident B and C were observed by caregivers in Resident C room engaging in sexual relations. Residents were separated and increased supervision was initiated. The record for Resident B was reviewed on 9/20/2022 at 3:00 p.m. Diagnoses included, but were not limited to, dementia, anxiety, delusions, hypertension, Alzheimer's Disease and depression. The resident had a Mini Mental Health Exam (MMSE) with a score of 3. A score of 3 indicated moderate to severe dementia. The record for Resident C was reviewed on 9/20/2022 at 3:15 p.m. Diagnoses included, but were not limited to, dementia, hypertension, sinus bradycardia, hypothyroidism gastrointestinal bleed and chronic kidney disease. The resident had a Mini Mental Health Exam (MMSE) with a score of 8. A score below 10 indicated moderate to severe dementia Nursing progress notes, dated 8/27/2022, for Resident B indicated the resident was involved with sexual behavior, no intercourse or penetration was done with Resident C. Staff separated them, no apparent injuries. Both parties were acceptable to the behavior but the residents have cognitive impairment. Resident B was redirected to her room. The RNC (Director of Nursing) and the Director were notified. Nursing progress notes, dated 8/27/2022, for Resident C indicated the resident was involved with sexual behavior, no intercourse or		· Resident C service plan updated 9/30/22 · RNC/ACC and Administrator are responsible for ensuring residents are free from abuse. 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 · As per Bickford's Sexual Relationships Policy, residents who have a GDS score of 4 or above and are identified as engaging in a sexual relationship~~,~~ will be evaluated by the RNC/ACC or Designee for their capacity to consent to the relationship. The physician and legal representatives will be involved in making this decision as well. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Administrator and RNC/ACC will receive additional training by the Divisional Director on Sexual Relationships Policy. · RNC/ACC is responsible for the development and implementation of service plans to ensure protection of residents with cognitive impairment, who are unable to consent, from unwanted sexual relationships. · Administrator and ACC/RNC	

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	penetration was done with Resident B. Staff separated them, no apparent injuries. Both parties were acceptable to the behavior but the residents have cognitive impairment. Resident B was redirected to her room. The RNC and the Director were notified. During an interview, on 9/20/2022 at 1:39 p.m., QMA 4 indicated Resident B could not be found for dinner and a search of the facility was initiated. She searched all rooms except for Resident C. Resident C's door was locked. She obtained the key, knocked and entered the room. She observed Resident B on the bed, undressed, lying with Resident C spooning her. Resident C was naked and was trusting his penis on the back side of Resident B but was unable to penetrate her. Resident C told her to get out. Instead Resident B and Resident C were separated. She indicated both residents were unhappy to be separated. Resident B was dressed and taken to her room by another staff member and Resident C was dressed and taken to dinner. She indicated Resident C did not penetrate Resident B. She indicated he was not able. Resident B was examined and she had no redness or swelling in the vaginal area. Both residents were observed for any additional activity. The RNC was notified and the family members of Resident B and C were notified of incident. A report was initiated by herself. Resident B and C have not had contact since the incident on 8/27/2022. During an interview, on 9/20/2022 at 3:45 p.m., the RNC indicated she was notified of the incident, the incident was reported to the state and the facility had been meeting with the families of the residents. She indicated the residents had not been together since the incident.		to in-service all staff on resident abuse, including sexual relationships. 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 Resident Services reviewed 2 of 2 updated service plans to ensure interventions were included to prevent such encounters. · Divisional Directors will continue to monitor and review service plans and interventions monthly on routine branch visits, then at least annually. By what date the systemic changes will be completed by October 24, 2022.	

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	A current facility policy, titled "PP-60100- Abuse and Neglect (IN)," dated 4/2015 and received from the Director of Nursing on 9/20/2022 at 1:07 p.m., indicated "...POLICY: Bickford Director and other health care professionals who have reasonable cause to believe that a resident is being, or has been, abused, neglected or exploited shall report the information immediately to the State licensure authority and Branch Support...." This Residential tag relates to Complaint IN00388957.			
R 0088 Bldg. 00	410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on interview and record review, the facility failed to employ a licensed facility administrator for the period of July 2021 through the date of the survey, September 20, 2022. This deficient practice had the potential to affect 28 of 28 residents residing in the facility. Finding includes: During an entrance conference, on 9/20/22 at 11:35	R 0088	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No residents were harmed by this alleged deficient practice. **How will you identify other**	10/31/2022

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	a.m., Staff 2 was introduced as the Director of the facility. During an interview, on 9/20/22 at 11:45 a.m., Staff 2 indicated he was the Director of the facility and he did not currently have an administrator license. He indicated he was aware there was no Administrator for the facility During an interview, on 9/20/2022 at 2:30 p.m., the Director indicated he had been the Director of the facility since 9/6/2022. He indicated he did not remember when the last Administrator left the facility. A current facility policy, titled "PP-10600- Director Requirements," dated 7/5/2012 and received from the Director on 9/20/2022 at 1:07 p.m., indicated "...The Director shall...Hold a license/certification as required by the state...." This Residential tag relates to Complaint IN00388959.		**residents having the potential to be affected the same deficient practice and what corrective action will be taken?** No residents were harmed by this alleged deficient practice. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The facility is actively recruiting for a licensed residential care facility administrator. Once a qualified candidate is secured the facility will complete the state form titled, Administrator or Director of Nursing Change. State form 554444. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. Bickford Corporate Senior Management will provide ongoing monitoring for compliance at least annually.	