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	06/30/2022

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 IN00383359. Complaint IN00383359 - Substantiated. State Residential Findings related to the allegations are cited at R0088. Survey date: June 30, 2022 Facility number: 004503 Residential Census: 26 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on July 6, 2022.	R 0000	**The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.** **This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 8/21/2022.**	
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	R 0088	**R 088**	08/21/2022

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

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	for the period of July 2021 through the date of the survey, June 30, 2022. This deficient practice had the potential to affect 26 of 26 residents residing in the facility. Finding includes: During an entrance conference, on 6/30/22 at 2:10 p.m., Staff 2 was introduced as the Director of the facility. During a review of the Residential Care Employee Records, Staff 2 was identified as the Dementia Care Director and his hire date was 9/6/21. During an interview, on 6/30/22 at 3:35 p.m., Staff 2 indicated he was the Dementia Care Director and the facility did not currently have an administrator. During an interview, on 6/30/22 at 4:05 p.m., Clinical Support staff 3 indicated the previous administrator was employed from 12/17/18 through 7/7/21. The facility had not had an administrator since 7/2/21 when the previous administrator left. Upon exit, the facility had not provided a policy on the facility administrator. This State Tag relates to Complaint IN00383359.		**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 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 will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put**	

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			into place? The state form titled, Administrator or Director Nursing Change document will be submitted once a Licensed Administrator is secured. The Divisional Director of Operation and/or designee will provide support until a licensed administrator can be secured. Compliance Date: 8/21/2022	