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	09/21/2023

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 IN00417176. Complaint IN00417176 - State deficiencies related to the allegations are cited at R0052. Survey date: September 21, 2023 Facility number: 012938 Residential Census: 35 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed September 26, 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 failed to protect the resident's right to be free from neglect for 1 of 3 residents reviewed. A cognitively impaired resident exited a secured unit without staff knowledge. (Resident B). Findings Include: On 9/21/23 at 11:00 a.m., Resident B's clinical record was reviewed. The diagnosis included, but was not limited to, severe dementia.	R 0052	R052 – Residents' Rights - Offense The rule is not met as evidenced by the facility failed to protect the resident's right to be free from neglect for 1 of 3 residents reviewed. A cognitively impaired resident exited a secured unit without staff knowledge	10/29/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Langhans	Divisional Director of Health & Wellness	10/16/2023

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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	The progress notes included, but were not limited: - On 9/9/23 at 7:30 a.m., Resident was noticed at entrance door to assisted living. Resident was assisted back to the secured unit, no injuries. On 9/21/23 at 11:21 a.m., the Executive Director provided the following staff statements from Resident B's elopement: - Early in the morning on 9/9/23 (no exact time given) Resident B was observed to be exit seeking most of the night. - Resident B was last observed by the CNA (certified nursing assistant) sitting near the medication room sipping on coffee. The other staff member was showing a new staff member to the unit and they took the trash out and asked Resident B to stay seated and she would be right back. - When the dayshift came into the secured unit they mentioned Resident B was at the front door wanting in. - Resident B indicated he walked out through the side door which goes to a small mechanical hallway and the next door was alarmed to be heard in the front of the building. Resident B was assessed and no injury or concerns from Resident B were indicated. On 9/21/23 at 11:30 a.m. the Executive Director and the Maintenance Employee, indicated the main alarm system wired to the main door and the 2 outer doors, however, the door Resident B went through was supposed to alarm and send to the pagers carried by the memory care staff. The Executive Director indicated after checking the		What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident B now has Wander Guard on Resident B's service plan was updated with safety interventions No other incidents have occurred 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 audit all resident charts to ensure that any resident with exit seeking behaviors has Wander Guard placed. 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 Missing Resident Policy and that all pagers are not to be on vibrate so that door alarms are heard. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place	

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	pagers used by the staff in the memory care, it was found they were on vibrate only. During an alarm sound check on the door Resident B went out of to go into the small hallway was set very low and was unable to be heard when close to the other side of the unit near the kitchen. On 9/21/23 at The ED provided the current " Missing Resident" policy dated 4/2014, and indicated it was the facility policy to provide a systemic effort of all to search for a resident when a resident was reported missing. This State tag relates to Complaint IN00417176.		Divisional Director of Health & Operations will audit resident charts weekly for 2 months then on routine visits to ensure service plans have specialized interventions for residents with exit seeking behaviors. By what date the systemic changes will be completed by October 29, 2023.	