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	12/08/2022

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 IN00393955. Complaint IN00393955 - Substantiated. State Residential Finding related to the allegations is cited at R0088 and R0052. Survey dates: December 7 and 8, 2022 Facility number: 004503 Residential Census: 24 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on December 13, 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 a resident was free from neglect, when a memory care resident was not provided pain medication prior to care resulting in pain during care for 1 of 3 residents reviewed for neglect. (Residents B) Finding includes:	R 0052	POC – Lafayette Bickford Cottage - Complaint #XID711 R052 Residents' Rights Offense The facility failed to ensure a resident was free from neglect, when a memory care resident was not provided pain medication prior	12/30/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jason Wafford	Executive Director	01/04/2023

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	12/08/2022

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
	An Indiana State Department of Health (ISDH) reportable incident, dated 11/02/2022, indicated Resident B was observed by a staff member in Resident B's room with 2 additional staff members engaging in resident care on 11/2/2022 at 10:05 p.m. Resident B was yelling out in pain. The 2 staff members continued to give resident care and neglected the residents cry for pain. (Resident B had hip surgery on 10/27/2022) The record for Resident B was reviewed on 12/07/2022 at 3:00 p.m. Diagnoses included, but were not limited to, hip fracture (fx), delirium, dementia, stage 3 kidney disease, depression, hyperthyroidism, and sinus bradycardia. The resident had a Mini Mental Health Exam (MMSE) with a score of 3. The score indicated moderate to severe dementia. During an interview, on 12/7/2022 at 4:00 p.m., Staff Member 11 indicated Resident B was in his room, laying on soiled bed sheets, and had on a soiled brief. He and Staff Member 12 were trying to change Resident B and his linen. Resident B moaned when he was moved away from the edge of the bed. He spoke to Staff Member 12 regarding the resident's pain with movement. Staff member 12 indicated the resident had a recent hip surgery. He stopped the resident care and asked Staff Member 12 if he should continue since the resident was in pain. Staff member 12 indicated to continue with the care. The resident was yelling out in pain during resident care. The resident was not given pain medication prior to the changing of his brief and his linen. The resident was not given medication during the resident care and resident care was not stopped for the resident to receive medication.		to care resulting in pain during care for 1 of 3 residents reviewed for neglect (Resident B). What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? · Resident B expired 11/27/22 · Staff Member 12 no longer employed with Bickford · RNC and Administrator are responsible for ensuring residents are free from abuse, including unnecessary pain during care. 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 · RNC to review residents eMar that are receiving PRN pain medication to ensure RNC was notified and approved medication to be given. · RNC to review documentation of PRN medication effectiveness. 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 will receive additional training by the Divisional Director on Abuse and Neglect Policy as it relates to QMA giving PRN pain medication	

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	12/08/2022

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
	A written record, dated 11/10/2022 at 3:55 p.m., from Staff Member 12, indicated the resident was checked and found to be wet at 9:45 p.m. The resident was rolled and he immediately hollered out in pain from recent hip surgery. Her and Staff Member 11 rolled the resident back and she asked the resident if he wanted medication for the pain and the resident acknowledge YES. The written record indicated Staff Member 12 continued with the resident care. The resident continued to yelled out in pain. No medication was given to the resident. During resident care, Resident C entered Resident B's room because he was concerned Resident B was being harmed by the staff. Resident B was yelling in pain. Resident C was redirected out of Resident B room and resident care continued until completed. A written record, dated 11/9/2022 at 1:09 p.m., from Staff Member 14, indicated she heard yelling from Resident B room. She was aware the resident had a recent hip surgery and was concerned he may have fallen in his room. She observed Staff Members 11 and 12 giving resident care. The resident was yelling and telling staff not to change him and get out of his room. She left the room and called the RNC (RN Coordinator) at 10:49 p.m. A physician's order indicated Resident B had an order for Hydrocodone/APAP (pain medication) 5/325 mg (milligram) tablet, take one tablet by mouth every six hours as needed for pain with a start date of 11/1/2022. A physician's order indicated Resident B had an order for for Acetaminophen (pain medication) 325 mg tablet, take 2 tablets (650mg) by mouth every four hours as need for pain with a start date of 10/31/2022.		· RNC is responsible for the education of QMA's to observe for signs and symptoms of pain · Administrator and RNC to in-service all QMA's on the process for administering a PRN medication and to monitor for signs and symptoms of pain, proper notification of RNC for approval to give PRN medications and follow up with RNC if pain medication is not effective. 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 will be notified of next 3 significant injuries to ensure pain management is being addressed. · Divisional Director of Resident Services to review residents eMar that received PRN medication on routine visits for 3 months to ensure RNC notification, approval, and follow-up if needed has been documented. By what date the systemic changes will be completed by December 30, 2022	

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	12/08/2022

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
	The Medication Administration Record (MAR) was reviewed and indicated the resident was given Acetaminophen 325 mg tablet, times 2 equaling 650 mg on 11/1/2022 at 10:27 a.m., on 11/1/2022 at 5:21 p.m., on 11/1/2022 at 10:50 p.m., on 11/2/2022 at 8:47 a.m., and on 11/3/2022 at 11:43 a.m., for pain with effectiveness. The MAR was reviewed and indicated the resident was given Hydrocodone/APAP 5/325 mg tablet on 11/2/2022 at 4:46 p.m., with effectiveness. The MAR was reviewed and indicated the resident was given pain medication on 11/2/2022 at 4:45 p.m., and not again until 11/3/2022 at 11:43 a.m. During an interview, on 12/7/2022 at 5:10 p.m., the RNC indicated the resident should have been medicated for pain. The MAR indicated the resident received no pain medication from 4:45 p.m., on 11/2/2022 until 11/3/2022 at 11:43 a.m. She was aware of the incident and she had been told the resident had been medicated after the procedure. Staff member 12 was a QMA and would need a nurse to co-sign the administration of a PRN medication to the resident. During an interview, on 12/8/2022 at 10:30 a.m., the Director indicated the resident care should have been stopped and the resident medicated for pain. During an interview, on 12/8/2022 at 10:45 a.m., the RNC indicated the resident was in danger of a fall from the bed during resident care which was why the resident care continued without resident medication. She did not feel the staff were negligent. She indicated this was a teachable moment for the staff.			

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	12/08/2022

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
	The Indiana State Department of Health (ISDH) reportable incident, dated 11/02/2022, indicated 3 staff members were issued Written Verbal Warning and re-education in Abuse training and reporting procedures. During an interview, on 12/8/2022 at 10:50 a.m., the Director indicated there was no written warning given. The 3 staff members 11, 12, and 14, all received re-training on Abuse and reporting procedures. Staff member 12 was no longer employed at the facility and Staff Member 14 was sick and could not be interviewed. A current facility policy, titled "PP-60100- Abuse and Neglect (IN)," dated 4/2015 and received from the Director on 11/7/2022 at 5:07 p.m., indicated "...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 IN00393955.			
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.			

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	12/08/2022

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
	(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, December 8, 2022. This deficient practice had the potential to affect 23 of 23 residents residing in the facility. Finding includes: During an entrance conference, on 12/7/2022 at 1:20 p.m., Staff 3 was introduced as the LPN and supervisor of the facility today. She indicated the Director and Director of Nursing were not at the facility. The facility did not have a licensed Administrator. During an entrance conference, on 12/7/2022 at 1:20 p.m., Staff 2 was introduced as the Life Enrichment Coordinator and with Staff 3 co-supervisor of the facility today. She indicated the Director and Director of Nursing were not at the facility. The facility did not have a licensed Administrator. During an interview, on 12/7/22 at 3:30 p.m., Staff 4 indicated he was the Director of the facility and he did not currently have an Administrator license. He was aware there was no Administrator for the facility. 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 7/2012 and received from the Director on 9/20/2022 at 1:07 p.m., indicated	R 0088	R088 Administration and Management - Noncompliance The facility failed to employ a licensed facility administrator for the period of July 2021 through the date of the survey, December 8, 2022. /p> /p> br> 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 Divisional Director of Operations, who is licensed in the state of Indiana, will provide administrative services to the Lafayette Bickford Cottage.	12/30/2022

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	12/08/2022

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
	"...The Director shall...Hold a license/certification as required by the state...." This Residential tag relates to Complaint IN00393955.			