

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00401074, IN00401968, IN00406430, and IN00408440.</p> <p>Complaint IN00401074 - Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00401968 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406430 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408440 - Federal/State deficiencies related to the allegations are cited at F695.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 16, 17, 18, and 19, 2023</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 133 Total: 133</p> <p>Census Payor Type: Medicare: 6 Medicaid: 96 Other: 31 Total: 133</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Matthew Seip	Executive Director	06/02/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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F 0684 SS=D Bldg. 00	<p>Quality review completed on 5/23/23.</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview, the facility failed to schedule an appointment with a Physician as ordered for a 1 of 3 residents reviewed for Physician's appointments. (Resident G)</p> <p>Finding includes:</p> <p>Resident G's record was reviewed on 5/18/23 at 1:07 p.m. The diagnoses included, but were not limited to, metabolic encephalopathy, diabetes mellitus, and dementia.</p> <p>The Hospital Transfer Orders (After Visit Summary) for re-admission into the facility, dated 5/3/23, indicated a follow up appointment with the Nephrologist was to be scheduled as soon as possible.</p> <p>A written statement on the transfer orders, indicated "order to make in".</p> <p>There was no documentation in the Nurses' Progress Notes an appointment had been scheduled or if the resident went to an</p>	F 0684	<p>Facility requests paper compliance/Desk review F-684</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident G had an appointment with an outside provider scheduled for 5.31.23 and went to an appointment on 5.31.23.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All current resident's orders were reviewed, and appointments were scheduled if needed. Audits will be completed of all new admissions/readmissions as well</p>	06/13/2023

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	<p>appointment to the Nephrologist.</p> <p>During an interview on 5/18/23 at 3:01 p.m. RN 1 indicated, per the electronic calendar, an appointment with the Nephrologist had been scheduled for 5/16/23 at 9 a.m. She was unable to verify if the resident had gone to the appointment.</p> <p>On 5/18/23 at 3:15 p.m., RN 2 notified the Nephrologist's Office. They indicated the resident had not been scheduled for an appointment on 5/16/23 at 9 a.m. and no other appointments had been scheduled for the resident.</p> <p>This Federal tag relates to Complaint IN00401074.</p> <p>3.1-37</p>		<p>as other residents who go out for outside MD appointments, to ensure all follow-up appointments are scheduled and appropriate documentation is in place.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur:</p> <p>Licensed nurses were educated on the process and procedure of reviewing hospital discharge paperwork and outside physician paperwork and setting up resident follow-up appointments as well as documenting pertinent information related to appointments.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>DON /designee will randomly audit 3 residents' new admissions/readmissions and residents with outside appointments 5 times a week x 3 months, then 3 times a week x 3 months to ensure all residents have follow-up appointments scheduled according to physician orders and documentation of appointments is in place. Audits will occur on all shifts and units and will include weekends.</p> <p>Any negative trends will be reviewed in the monthly QAPI</p>	

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F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on interview and record review, the facility failed to ensure a resident was properly assessed before and after a nebulizer (an inhaled breathing treatment) treatment for 1 of 2 residents reviewed for Respiratory care. (Resident E)</p> <p>Finding includes:</p> <p>Resident E's closed record was reviewed on 5/17/23 12:40 p.m. The diagnoses included, but were not limited to, acute kidney failure and stroke.</p> <p>A Physician's Order, dated 4/25/23, indicated a nebulizer treatment of ipratropium-albuterol (inhaled medication) 0.5-2.3, 3 milligrams per 3</p>	F 0695	<p>program.</p> <p>Any concerns will be monitored through the QAPI process for a minimum of six months and until substantial compliance is achieved.</p> <p>Facility requests paper compliance/Desk review</p> <p>F-695</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident E no longer resides in the facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>	06/13/2023

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	<p>milliliters every 4 hours as needed for shortness of breath or wheezing.</p> <p>The Medication Administration Record (MAR), dated 5/2023, indicated the nebulizer treatment was administered on 5/3/23 at 2:47 a.m. There was no reason for administration documented and no assessment of lung sounds, vital signs, and oxygen saturation prior to or after the administration of the medication. The MAR, dated 5/3/23 at 7:04 a.m., indicated the nebulizer treatment was effective.</p> <p>There was no assessment of the lung sounds, vital signs, and oxygen saturation for 5/3/23 in the Nurses' Progress Notes.</p> <p>A facility nebulizer therapy policy, dated 2022 and received as current from the Administrator in Training, indicated the documentation in the resident's medical record was to include the vital signs and respiratory assessment. The vital signs and respiratory assessments were to be completed prior to the administration of the medication to establish a baseline.</p> <p>No further information was received upon exit from the facility on 5/19/23 at 12:30 p.m.</p> <p>This Federal tag relates to Complaint IN00408440.</p> <p>3.1-47(a)(6)</p>		<p>identified and what corrective action(s) will be taken:</p> <p>All residents with nebulizer treatments have the potential to be affected. Residents receiving nebulizer treatments were audited and no holes in MARs were identified.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur:</p> <p>Licensed nursing staff were in-regarding following the correct procedure for documenting assessments prior to and after nebulizer treatments.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>DON /designee will randomly audit 3 residents with orders for nebulizer treatments 5 times a week x 3 months, then 3 times a week x 3 months to ensure nurses are documenting an assessment prior and post the nebulizer treatment and that the reason for a PRN administration is documented. Audits will occur daily to include all units and will include weekends.</p> <p>Any negative trends will be reviewed in the monthly QAPI</p>	

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F 0842 SS=E Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; 		<p>program.</p> <p>Any concerns will be monitored through the QAPI process for a minimum of six months and until substantial compliance is achieved.</p>	

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	<p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p>			

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	<p>Based on record review and interview, the facility failed to ensure residents' records were accurate and complete, related to documentation of the completion of treatments, a Physician's consult visit, medications administered, referral for a resident to transfer to another facility, and scheduling of a Physician's appointment, for 4 of 11 residents reviewed for medical record documentation. (Residents D, E, F, and G)</p> <p>Findings include:</p> <p>1. Resident D's closed record was reviewed on 5/17/23 at 3:49 p.m. The diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>The Physician's Orders, dated 3/16/23, indicated the left medial distal foot and the left medial heel were to be washed with normal saline or wound wash, patted dry, skin prep was to be applied, and the areas were to be left open to air daily on the day shift.</p> <p>The Physician's Orders, dated 3/23/23, indicated the left lateral ankle, left lateral foot, left lateral heel, the left medial proximal foot, and the left posterior heel were to be washed with normal saline or wound wash, patted dry, skin prep (skin protector) was to be applied, and the areas were to be left open to air daily on the day shift.</p> <p>The Treatment Administration Record (TAR), dated 3/2023, indicated a lack of initials to document the treatments had been completed on 3/29/23.</p> <p>The Physician's Orders, dated 3/30/23, indicated the left lateral ankle, left lateral foot, left lateral heel, left medial distal foot, left medial heel, left</p>	F 0842	<p>Facility requests paper compliance/Desk review</p> <p>F-842</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D and Resident E no longer reside in the facility, resident F's transfer to another SNF is currently ongoing and documented. Resident G had with provider scheduled for 5.31.23 and went to on 5.31.23.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents who reside in the facility have the potential to be affected by this practice. The facility will audit resident charts for missing practitioner charting and facility staff charting. Residents will be identified by daily document review and documentation will be corrected as needed. If documentation is needed by the outside provider, the provider will be contacted to provide the needed documentation.</p>	06/13/2023

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	<p>medial proximal foot, and the left posterior heel were to be washed with normal saline or wound wash, patted dry, betadine was to be applied, and the areas were to be left open to air.</p> <p>The Physician's Orders, dated 4/6/23, indicated the right heel and right medial heel were to be washed with normal saline or wound wash, patted dry, betadine was to be applied, and the areas were to be left open to air.</p> <p>A Physician's Order, dated 4/13/23, indicated the left medial ankle was to be washed with normal saline or wound wash, patted dry, betadine was to be applied, and the area was to be left open to air.</p> <p>The TAR, dated 4/2023, indicated a lack of initials to document the treatments had been completed on 4/16/2023.</p> <p>During an interview on 5/18/23 at 10:14 a.m., the Administrator in Training (AIT) indicated she had spoken to the Assistant Director of Nursing and she remembered she came in on 3/29/23 due to the Wound Nurse was not able to come in that day, and she had completed the treatments. She had also indicated she remembered she had been called in again on 4/16/23 to do the treatments and the treatments had been completed. She had forgotten to mark her initials on the TAR's. She attempted to place her initials on the TAR for 3/2023 on the evening of 5/17/23 and the computer would not let her, so she had written a note in the Nurse's Progress Notes. She did place her initials on the TAR for the date of 4/16/23 on 5/17/23.</p> <p>The Wound Nurse Practitioner (NP) had written recommendations on 4/6/23, 4/13/23, and 4/20/23 for a vascular consult due to the areas on the resident's lower extremities.</p>		<p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur:</p> <p>All clinical staff and contract practitioners were educated regarding documentation policies and procedures. IDT will review documentation daily during clinical stand-up meetings to identify and correct gaps.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>DON /designee will randomly audit 3 resident charts 5 times a week x 3 months, then 3 times a week x 3 months to ensure that all documentation is present in a resident's medical record. Audits will occur on all shifts and units and will include weekends.</p> <p>Any negative trends will be reviewed in the monthly QAPI program.</p> <p>Any concerns will be monitored through the QAPI process for a minimum of six months and until substantial compliance is achieved.</p>	

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	<p>The Nurses' Progress Notes lacked documentation the vascular consult had been scheduled and completed.</p> <p>On 5/18/23 at 11:10 a.m., the facility's Wound Nurse indicated the Vascular Physician had been at the facility. She had passed him as she was walking out of the facility. The Nurse on duty may have forgotten to chart he had seen the resident and the Wound NP continued to write the recommendation since there was no documentation he had seen the resident.</p> <p>Information from the Vascular Consult visit was received on 5/19/23 at 12:15 p.m. from the AIT and indicated the Physician had seen the resident on 4/13/23.</p> <p>2. Resident E's closed record was reviewed on 5/17/23 12:40 p.m. The diagnoses included, but were not limited to, acute kidney failure, stroke, and diabetes mellitus.</p> <p>The Physician's Orders included the following medications:</p> <p>On 4/25/23, magnesium oxide (supplement) 400 mg (milligrams), give 800 mg twice a day.</p> <p>On 4/25/23, potassium chloride (supplement), 20 meq (milliequivalents), give 40 meq twice a day.</p> <p>On 4/25/23, Protonix (stomach medication), give 40 mg twice a day.</p> <p>On 4/25/23, sucralfate oral suspension (stomach medication), 1 gram per 10 ml (milliliters), give 10 ml's four times a day.</p>			

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	<p>On 4/26/23, xifaxan (liver medication), 550 mg, give 550 mg twice a day.</p> <p>The Medication Administration Record, dated 5/2023, indicated on 5/2/23 at 5 p.m., the magnesium oxide, potassium chloride, Protonix, sucralfate, and xifaxan, had not been initialed as administered as ordered.</p> <p>During an interview on 5/17/23 at 4:47 p.m., the AIT indicated the resident had transferred to another room that day and the Nurse scheduled to give the medications indicated she had administered the medication but was unable to document the administration at the time the medications were given.</p> <p>3. Resident F's record was reviewed on 5/18/23 at 11:26 a.m. The diagnoses included, but were not limited to, kidney failure.</p> <p>A Social Service Progress Note, dated 5/2/23 at 4:27 p.m., indicated a request for a referral for transfer to another facility be sent to the facility by the Resident's Representative.</p> <p>A Social Service Progress Note, indicated the referral to the other facility had not been sent until 5/16/23 at 4:27 p.m.</p> <p>During an interview on 5/18/23 at 12:18 p.m., the Social Service Director indicated he had attempted to call the other facility twice and their Admission's Coordinator was not in the building and he had called on 5/16/23 and requested the fax number for the referral to be faxed. He indicated he had not documented his attempts to notify the other facility about the referral.</p> <p>4. Resident G's record was reviewed on 5/18/23 at</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/19/2023
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>1:07 p.m. The diagnoses included, but were not limited to, metabolic encephalopathy, diabetes mellitus, and dementia.</p> <p>The Hospital Transfer Orders (After Visit Summary) for re-admission into the facility, dated 5/3/23, indicated a follow up appointment with the Infectious Disease Specialist was to be scheduled for one week post discharge from the hospital.</p> <p>There was no documentation in the record the appointment had been scheduled.</p> <p>On 5/18/23 at 3:13 p.m., RN 1 contacted the Infectious Disease Physician's office and was informed an appointment had been made for 5/31/23 at 1:20 p.m. RN 1 was unable to find the appointment documented in the record or on the electronic scheduling log.</p> <p>3.1-(a)(1) 3.1-(a)(2)</p>				