

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 08/11/2023
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 7, 8, 9, 10, and 11, 2023.</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 138 Total: 138</p> <p>Census Payor Type: Medicare: 4 Medicaid: 109 Other: 25 Total: 138</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/15/23.</p>	F 0000		
F 0640 SS=A Bldg. 00	<p>483.20(f)(1)-(4) Encoding/Transmitting Resident Assessments</p> <p>§483.20(f) Automated data processing requirement-</p> <p>§483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <p>(i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jacqueline Carpenter-Heard	Executive Director	08/29/2023

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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	<p>assessments.</p> <p>(iv) Quarterly review assessments.</p> <p>(v) A subset of items upon a resident's transfer, reentry, discharge, and death.</p> <p>(vi) Background (face-sheet) information, if there is no admission assessment.</p> <p>§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <p>(i) Admission assessment.</p> <p>(ii) Annual assessment.</p> <p>(iii) Significant change in status assessment.</p> <p>(iv) Significant correction of prior full assessment.</p> <p>(v) Significant correction of prior quarterly assessment.</p> <p>(vi) Quarterly review.</p> <p>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.</p> <p>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</p> <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS</p>			

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F 0640	<p>or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>Based on record review and interview, the facility failed to transmit a Minimum Data Set (MDS) assessment in the required time frame for 1 of 30 MDS assessments reviewed. (Resident 130)</p> <p>Finding includes:</p> <p>The Resident Assessment Task MDS tracking data indicated Resident 130's last MDS assessment was over 120 days old.</p> <p>Record review for Resident 130 was completed on 8/11/23 at 2:38 p.m. The resident was discharged to the hospital on 4/4/23 and never returned to the facility.</p> <p>The Admission MDS assessment, dated 4/2/23, was the last assessment completed for the resident.</p> <p>Interview with MDS Coordinator 1 on 8/11/23 at 2:48 p.m., indicated there should have been a Discharge with return anticipated MDS transmitted when the resident went to the hospital and there was not one completed.</p>	F 0640	No POC required	08/30/2023
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to ensure a dependent resident was provided with ADL (activities of daily living) care related to long, dirty fingernails</p>	F 0677	<p>p paraid="1868718949" paraeid="{be87b466-75e0-45a0-a703-39c0b43f6635}{207}" &gt;Brickyard Merrillville Center</p>	08/30/2023

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	<p>for 1 of 3 residents reviewed for ADL care. (Resident 98)</p> <p>Finding includes:</p> <p>On 8/8/23 at 9:49 a.m., Resident 98 was observed laying in bed. His fingernails were long and had dark debris under them. He indicated they needed to be cut.</p> <p>On 8/11/23 at 8:10 a.m., the resident was observed in bed, his fingernails were long and had dark debris under them. He indicated they had not been cut yet.</p> <p>The record for Resident 98 was reviewed on 8/9/23 at 8:49 a.m. Diagnoses included, but were not limited to, asthma, chronic obstructive pulmonary disease and cerebral infarction.</p> <p>The Quarterly Minimum Data Set assessment, dated 6/8/23, indicated the resident was cognitively intact and required extensive 1+ assist for hygiene, bed mobility and transfers.</p> <p>Interview with the Director of Nursing, on 8/11/23 at 8:15 a.m., indicated ADL care included bathing, hair care, nail care and overall appearance. She indicated she would send the CNA to tend to the resident's fingernails.</p> <p>Interview with the Administrator, on 8/11/23 at 8:37 a.m., indicated Restorative Aide (RA) 1 had cut and cleaned his nails on Tuesday (8/8/23), and that she had not seen the resident's fingernails, but would go look at them. RA 1 indicated she had trimmed and cleaned his nails Tuesday, but did not document anywhere. At 8:45 a.m., the Administrator indicated the resident's fingernails were longer than she would like to see and she</p>		<p>please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F677 ADL Care</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #98's fingernails cleaned and trimmed. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>ul class="BulletListStyle1 SCXW215670316 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" All current residents have the potential to be affected by this alleged deficient practice. An audit</p>	

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	<p>had instructed the CNA to trim them, the nails had been cleaned already.</p> <p>3.1-38(a)(3)</p>		<p>of all current residents was completed to ensure that all current residents had clean/trimmed nails.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all nursing staff on the Activities of Daily Living (ADLs) policy.</p> <ul style="list-style-type: none"> <li>-Unit Managers/designees will audit 3 residents 3 times a week x one month, then 2 residents 3 times a week x 1 month, then 3 residents weekly x 4 months to ensure proper nail care is provided. Audits will include all shifts and units and weekends.</li> </ul> <p>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 into place?</p> <p>ul class="BulletListStyle1 SCXW215670316 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p>	

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F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>§ 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 observation, record review, and interview, the facility failed to ensure residents received proper treatment and care related to oxygen administration flow rate for 1 of 2 residents reviewed for respiratory care. (Resident 102)</p> <p>Finding includes:</p>	F 0695	<p>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p> <p>Date of compliance 8/30/2023</p> <p>p paraid="2129678994" paraeid="{51255681-c598-4c3d-86a5-1df95cbcb3c2}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the</p>	08/30/2023

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	<p>On 8/7/23 at 1:55 p.m., Resident 102 was observed in bed. Her oxygen nasal cannula was on and connected to the oxygen concentrator, but the concentrator was turned off. She indicated she was not feeling well and that was probably why. RN 1 was notified. The RN entered the room and turned the concentrator on to 3 liters per minute (lpm), she offered the resident a breathing treatment, then exited the room.</p> <p>The resident's record was reviewed on 8/7/23. Diagnoses included, but were not limited to, congestive heart failure and chronic obstructive pulmonary disease.</p> <p>The Admission Minimum Data Set assessment, dated 6/23/23, indicated the resident used oxygen and was cognitively intact.</p> <p>A Physician's Order, dated 6/1/23, indicated the resident was to receive oxygen at 4 lpm.</p> <p>On 8/7/23 at 2:15 p.m., the RN was asked to check the setting on the concentrator. She indicated the resident should be on 4 lpm. She adjusted the flow rate to 4 lpm at that time.</p> <p>3.1-47(a)(6)</p>		<p>facility and is submitted only in response to the regulatory requirement.</p> <p>F695 Oxygen</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #102's oxygen concentrator was immediately turned the concentrator was corrected to a flow rate of 4 LPM per MD order. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>ul class="BulletListStyle1 SCXW251089495 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" All current residents receiving oxygen have the potential to be affected by this alleged deficient practice. An audit of all current residents receiving oxygen was</p>	

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			<p>completed to ensure that all current residents receiving oxygen had their concentrators on and the correct flow rate set on the oxygen concentrator.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Oxygen Administration policy.</p> <ul style="list-style-type: none"> <li>-Unit Managers/designees will audit 3 residents 3times a week x one month, then 2 residents 3 times a week x 1 month, then 3 residents weekly x 4 months to ensure oxygen concentrators are turned on and the flow rate is correct. Audits will include all shifts and units and weekends.</li> </ul> <p>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 into place?</p> <p>ul class="BulletListStyle1 SCXW251089495 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent;"&gt; </p>	

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F 0757 SS=D Bldg. 00	<p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse</p>		<p>transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p> <p>Date of /30/2023</p>	

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	<p>consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on record review and interview, the facility failed to ensure each resident's medication regimen was managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being related to a blood pressure medication administered outside of parameters for 1 of 5 residents reviewed for unnecessary medications. (Resident 98)</p> <p>Finding includes:</p> <p>The record for Resident 98 was reviewed on 8/9/23 at 8:49 a.m. Diagnoses included, but were not limited to, asthma, chronic obstructive pulmonary disease and hypotension (low blood pressure).</p> <p>The Quarterly Minimum Data Set assessment, dated 6/8/23, indicated the resident was cognitively intact and required extensive 1+ assist for bed mobility and transfers.</p> <p>The current Physician's Order indicated to give Midodrine (a medication used to raise blood pressure), 10 milligrams, three times daily. Hold the medication if the systolic blood pressure (top number in blood pressure, BP) was greater than 130.</p> <p>Review of the July and August 2023 Medication Administration Records indicated the medication was given out of parameters of the following dates: - 8/7/23 BP at 1:00 p.m. 140/65</p>	F 0757	<p>p paraid="1881063571" paraeid="{7d487163-ed1e-49ac-8d9a-262e17b17bfe}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F757 Unnecessary Drugs</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>MD was immediately notified of resident #98's blood pressure readings outside of the parameters for Midodrine administration. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	08/30/2023

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	<p>- 8/3/23 BP at 9:00 a.m. 132/72 - 8/2/23 BP at 5:00 p.m. 159/88 - 7/20/23 BP at 9:00 a.m. 162/94 - 7/18/23 BP at 5:00 p.m. 178/90 - 7/14/23 BP at 5:00 p.m. 142/78 - 7/11/23 BP at 5:00 p.m. 141/93 - 7/11/23 BP at 9:00 a.m. 144/85 - 7/7/23 BP at 1:00 p.m. 134/68 - 7/7/23 BP at 9:00 a.m. 134/68</p> <p>Interview with the Director of Nursing, on 8/10/23 at 9:33 a.m., indicated the medication had been given outside of parameters and the Physician had been notified at that time.</p> <p>3.1-48(a)(1)</p>		<p>ul class="BulletListStyle1 SCXW142044525 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>All current residents have the potential to be affected by this alleged deficient practice. An audit of all current residents was completed to ensure that any blood pressure readings outside of parameters were reported to MD and MD was notified of any readings requiring notification. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Unnecessary Drugs policy.</p> <p>·Unit Managers/designees will audit 3 residents 3 times a week x one month, then 2 residents 3 times a week x 1 month, then 3 residents weekly x 4 months to ensure MD is notified of blood pressure readings outside of parameters. Audits will include all shifts and units and weekends.</p>	

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F 0758 SS=D Bldg. 00	483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These		<p>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 into place?</p> <p>ul class="BulletListStyle1 SCXW142044525 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p> <p>Date of compliance 8/30/2023</p>	

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 08/11/2023
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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	<p>drugs include, but are not limited to, drugs in the following categories:</p> <ul style="list-style-type: none"> <li>(i) Anti-psychotic;</li> <li>(ii) Anti-depressant;</li> <li>(iii) Anti-anxiety; and</li> <li>(iv) Hypnotic</li> </ul> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be</p>			

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	<p>renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on record review and interview, the facility failed to ensure residents were free from unnecessary medications, related to a lack of non-pharmacological interventions attempted before the administration of antipsychotic medication and a PRN (as needed) antipsychotic order in place longer than 14 days for 1 of 5 residents reviewed for unnecessary medications. (Resident 30)</p> <p>Finding includes:</p> <p>The record for Resident 30 was reviewed on 8/10/23 at 2:07 p.m. Diagnoses included, but were not limited to, anxiety disorder, bipolar disorder, and major depressive disorder.</p> <p>A Physician's Order, dated 6/25/23, indicated Zyprexa (olanzapine, an antipsychotic medication) 2.5 mg (milligrams) every 12 hours PRN (as needed) for anxiety.</p> <p>The Medication Administration Record (MAR), dated 8/2023, indicated the resident received the Zyprexa medication on the following days: 8/2/23, 8/3/23, 8/4/23, and 8/7/23.</p> <p>The Medication Administration Record (MAR), dated 7/2023, indicated the resident received the Zyprexa medication on the following days: 7/1/23, 7/2/23, 7/3/23, 7/5/23, 7/7/23, 7/9/23, 7/10/23, 7/11/23, 7/15/23, 7/16/23, 7/17/23, 7/19/23, 7/21/23, 7/22/23, 7/23/23, 7/24/23, 7/26/23, 7/27/23, 7/28/23, 7/29/23, and 7/30/23.</p> <p>An initial Psychiatry Consult, dated 8/2/23, indicated to discontinue the PRN Zyprexa. The</p>	F 0758	<p>p paraid="1881063571" paraeid="{b9495acd-d268-4aa2-829c-02d119dc5d82}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F758 Unnecessary Psychotropic Meds</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>MD was immediately notified of resident #30 receiving PRN antipsychotic medication longer than and PRN medication was discontinued, and the lack of documentation or non-pharmacological interventions attempted. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action</p>	08/30/2023
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	<p>Zyprexa Physician's Order was discontinued on 8/9/23, which was longer than 14 days duration.</p> <p>There was a lack of documentation of any behavior monitoring or non-pharmacological interventions attempted prior to administering the Zyprexa medication. There was a lack of rationale provided by the Physician or Nurse Practitioner as to why the PRN medication was prescribed longer than 14 days.</p> <p>Interview with the Administrator on 8/11/23 at 9:43 a.m., indicated she was unable to provide any documentation of non-pharmacological interventions. The Physician had seen the resident on 7/7/23 and documented to continue Zyprexa for diagnosis of anxiety disorder. There was no further rationale provided.</p> <p>3.1-48(a)(6)</p>		<p>will be taken?</p> <p>ul class="BulletListStyle1 SCXW162511004 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>All current residents receiving PRN antipsychotic medications have the potential to be affected by this alleged deficient practice. An audit of all current residents receiving PRN psychotropic medications was completed to ensure that non-pharmacologic interventions were in place and were utilized prior to administering the medication and that PRN psychotropic medications were discontinued after , or the physician or nurse practitioner had rationale documented for PRN use beyond 14 days.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Use of Psychotropic Medications policy.</p> <p>·Unit Managers/designees will</p>	

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			<p>audit any residents receiving PRN antipsychotic meds 3 times a week x one month, then 2 times a week x 1 month, then weekly x 4 months to ensure a stop date of or MD/NP rationale for use of PRN after 14 days is in place as well as that non-pharmacologic interventions are in place and are utilized prior to administering the PRN med. Audits will include all shifts and units and weekends.</p> <p>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 into place?</p> <p>ul class="BulletListStyle1 SCXW162511004 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p> <p>Date of compliance 8/30/2023</p>	

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F 0773 SS=D Bldg. 00	<p>483.50(a)(2)(i)(ii) Lab Srvcs Physician Order/Notify of Results §483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>Based on record review and interview, the facility failed to ensure the Physician was notified of a abnormal laboratory test result for 1 of 5 residents reviewed for unnecessary medications. (Resident 98)</p> <p>Finding includes:</p> <p>The record for Resident 98 was reviewed on 8/9/23 at 8:49 a.m. Diagnoses included, but were not limited to, asthma, chronic obstructive pulmonary disease and cerebral infarction.</p> <p>The Quarterly Minimum Data Set assessment, dated 6/8/23, indicated the resident was cognitively intact and required extensive 1+ assist for bed mobility and transfers.</p> <p>A Pharmacy Recommendation, dated 1/10/23, indicated the resident was taking theophylline (medication for asthma symptoms), this medication had a narrow therapeutic range and it</p>	F 0773	<p>p paraid="1337739012" paraeid="{0f061aa6-ced6-4cad-bc59-17cc29da0819}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F773 Lab Services</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>MD was immediately notified of resident #98's theophylline level</p>	08/30/2023

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	<p>was recommended to obtain a theophylline level at least every six months. The Physician agreed.</p> <p>A Physician's Order, dated 2/17/23, indicated to obtain a theophylline level every six months.</p> <p>The lab result was not located in the resident's record. On 8/10/23, the Director of Nursing provided a copy of the lab result dated 2/20/23. The result was 2 micrograms per milliliter (mcg/ml). The therapeutic range was between 10-20 mcg/ml. There was no indication in Progress Notes or Physician Notes the Physician had been notified of the abnormal lab result, nor had there been any changes in the dosage of theophylline.</p> <p>Interview with the Administrator, on 8/10/23 at 2:33 p.m., indicated she had notified the Physician at that time. He had ordered an adjustment in the theophylline dose, and a redraw of the lab on Monday.</p> <p>3.1-49(f)(2)</p>		<p>and a medication adjustment and further lab was ordered. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>ul class="BulletListStyle1 SCXW220402041 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>All current residents have the potential to be affected by this alleged deficient practice. An audit for the past of all current residents receiving labs was completed to ensure that all lab results were reported to MD.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Laboratory Services and Reporting policy.</p> <p>·Unit Managers/designees will audit 3 residents receiving labs 3</p>	

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			<p>times a week x one month, then 2 times a week x 1 month, then weekly x 4 months to ensure lab results are reported to the MD. Audits will include all shifts and units and weekends.</p> <p>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 into place?</p> <p>ul class="BulletListStyle1 SCXW220402041 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;" The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p> <p>Date of /30/2023</p>	

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F 0791 SS=D Bldg. 00	<p>483.55(b)(1)-(5) Routine/Emergency Dental Srvcs in NFs §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p>			

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	<p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident received routine and/ or emergency dental services related to a delay in scheduling a procedure to have teeth extracted for 1 of 1 residents reviewed for dental services. (Resident 34)</p> <p>Finding includes:</p> <p>On 8/7/23 at 10:20 a.m., Resident 34 was observed in her room. She had several missing teeth. She indicated her teeth were in bad condition and needed to be pulled so she could get dentures, but the facility hadn't scheduled that appointment yet. She had seen the dentist who comes to the facility, but they were unable to extract teeth.</p> <p>The resident's record was reviewed on 8/10/23 at 8:39 a.m. Diagnoses included, but were not limited to, congestive heart failure and chronic respiratory failure.</p> <p>The Quarterly Minimum Data Set assessment, dated 5/17/23, indicated the resident was cognitively intact and required extensive 1+ assistance for bed mobility and transfers. She had likely cavities or broken teeth.</p> <p>A Dental Note, dated 5/22/23, indicated the resident had many decayed and broken down teeth. Dentist recommends extraction of all remaining teeth and make dentures after healing from extractions. A referral has been made for</p>	F 0791	<p>p paraid="1968124118" paraeid="{95de289e-2d8a-4235-aa37-0a6f07488f4e}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F791 Dental Services</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #34 had a dental appointment scheduled for tooth extraction. Resident with no ill effect from alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>ul class="BulletListStyle1</p>	08/30/2023

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	<p>outside doctor to extract teeth and make dentures.</p> <p>A Dental Hygienist Note, dated 3/13/23, indicated the resident complained of tooth pain and wanted all remaining teeth pulled. Social Services indicated they were working on finding a dentist equipped to treat the resident.</p> <p>A Dental Note, dated 12/15/22, indicated the resident had many decayed and broken down teeth. Dentist recommends extraction of all remaining teeth and make dentures after healing from extractions. A referral has been made for outside doctor to extract teeth and make dentures.</p> <p>Interview with the Social Service Director (SSD) and Administrator on 8/10/23 at 10:08 a.m., indicated they were having difficulty finding a dentist that could accommodate a stretcher in the office. The Administrator indicated she would contact the Medical Director to assist with finding a provider. The issue had been ongoing too long and the resident needed to have her teeth extracted.</p> <p>3.1-24(b)</p>		<p>SCXW226984070 BCX8"</p> <p>role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>All current residents have the potential to be affected by this alleged deficient practice. An audit for the past of all current residents was completed to ensure any resident requiring dental services had an appointment scheduled. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Dental Services policy.</p> <p>·Unit Managers/designees will audit 5 random residents 5 times a week x one month, then 3 times a week x 1 month, then weekly x 4 months to ensure appointments are scheduled for residents needing dental services outside of . Audits will include all shifts and units and weekends.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be</p>	



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	<p>program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin</p>			

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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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	<p>lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented related to respiratory masks uncovered when not in use and not cleaning a shared use blood pressure cuff and pulse oximeter between residents. (Residents 102, 46, 296 and 298)</p> <p>Findings include:</p> <p>1. On 8/7/23 at 1:55 p.m., Resident 102 was observed in bed. There was a nebulizer (machine used to deliver breathing treatments) and a BiPap (bilevel positive airway pressure, a type of ventilator used to help breathing) on the table next to the bed. The BiPap mask was on the floor, uncovered. The nebulizer mask was resting on the nebulizer uncovered.</p>	F 0880	<p>p paraid="773974092" paraeid="{c43550e7-6f8d-460f-a937-17c94777d88f}{206}" &gt;Brickyard Merrillville Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F880 Infection Control</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p>	08/30/2023

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	<p>On 8/10/23 at 8:36 a.m., and 8/11/23 at 8:08 a.m., the nebulizer mask was observed on the table uncovered.</p> <p>Interview with the Director of Nursing (DON), on 8/7/20 at 2:20 p.m., indicated when nebulizer and BiPap masks were not in use, they should be in plastic bags unless the nebulizer mask was drying from being cleaned, then it would be on a paper towel until dried.</p> <p>The policy, "Nebulizer Therapy", was received from the DON on 8/7/23, indicated after use, "...3. Disassemble parts after every treatment. 4. Rinse the nebulizer cup and mouthpiece with sterile or distilled water. 5. Shake off excess water. 6. Air dry on an absorbent towel. 7. Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag..."2. On 8/9/23 at 9:09 a.m. LPN 1 was observed preparing the medications for Resident 298. She took the blood pressure cuff and pulse oximeter from the rolling cart and placed them on the resident. She checked the blood pressure, pulse, and oxygen saturation. She placed the blood pressure cuff and pulse oximeter back on the rolling cart and administered the resident's medications. She had not cleaned or disinfected the equipment.</p> <p>At 9:19 a.m. LPN 1 was observed preparing the medications for Resident 296. She took the blood pressure cuff and pulse oximeter from the rolling cart and placed them on the resident. She checked the blood pressure, pulse, and oxygen saturation. She placed the blood pressure cuff and pulse oximeter back on the rolling cart and administered the resident's medications. She had not cleaned or disinfected the equipment.</p> <p>At 9:26 a.m. LPN 1 was observed preparing the</p>		<p>Resident #102 had and nebulizer masks cleaned and placed in a bag and did not have ill effects related to the deficient practice. Residents 46, 296 and 298 had no ill effects related to not cleaning the pulse oximeter and blood pressure cuff between each use.</p> <p>-LPN #1 was immediately educated regarding the Infection Prevention and Control policy.</p> <p>p paraid="498757463" paraeid="{4c0259eb-3e55-4e11-9c3e-f6aea8e324db}{35}" &gt;How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current residents have the potential to be affected by this alleged deficient practice. No residents to have ill effects related to the deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE (Director of Clinical Education) educated all licensed nursing staff on the Infection Prevention and Control policy.</p>	

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	<p>medications for Resident 46. She took the blood pressure cuff and pulse oximeter from the rolling cart and placed them on the resident. She checked the blood pressure, pulse, and oxygen saturation. She placed the blood pressure cuff and pulse oximeter back on the rolling cart and administered the resident's medications. She had not cleaned or disinfected the equipment.</p> <p>Interview with LPN 1 on 8/9/23 at 9:35 a.m., indicated she should have cleaned the equipment with a germicidal wipe in between residents.</p> <p>A facility policy, received as current from the Administrator, titled "Cleaning and Disinfection of Resident-Care Equipment," indicated, "...Reusable multiple-resident items are items that may be used multiple times for multiple residents. Examples include stethoscopes, blood pressure cuffs, feeding tube pumps, and oxygen concentrators...Each user is responsible for routine cleaning and disinfection of multi resident items after each use, particularly before use for another resident...Multiple resident use equipment shall be cleaned and disinfected after each use..."</p> <p>3.1-18(b)</p>		<p>·Unit Managers/designees will audit 3 random residents 3 times a week x one month, then 2 times a week x 1 month, then 1 weekly x 4 months to ensure infection control and prevention procedures are utilized for nebulizer masks and masks when not in use and cleaning of multi-use blood pressure cuffs and pulse oximeters after each use is in place. Audits will include all shifts and units and weekends.</p> <p>p paraid="1555795984" paraeid="{4c0259eb-3e55-4e11-9c3e-f6aea8e324db}{180}" &gt;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 into place?</p> <p>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audits will continue.</p>	

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

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