PRINTED: 05/06/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155362			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 04/25/2022			
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE — MERRILLVILLE CARE CENTER			ER.	STREET ADDRESS, CITY, STATE, ZIP COD  8800 VIRGINIA PLACE  MERRILLVILLE, IN 46410				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO TAG DEFICIENCY)		Ε	(X5) COMPLETION DATE	
F 0000	REGUENTORT OR	LESC IDENTIFY TING INFORMATION		1710			DATE	
Bldg. 00	IN00376583 and IN Complaint IN00376 Federal/State deficie allegations are cited Complaint IN00377	2583 - Substantiated. 2583 - Substantiated. 2583 - Substantiated. 2584 - Substantiated. 2585 - Substantiated. 2586 - Substantiated. 2586 - Substantiated. 2586 - Substantiated.	F 00	000				
	Facility number: 000253 Provider number: 155362 AIM number: 100266660  Census Bed Type: SNF/NF: 131 Total: 131							
F 0812 SS=E Bldg. 00	Quality review com 483.60(i)(1)(2) Food Procurement,Store	reflect State Findings cited in O IAC 16.2-3.1.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any defiency statement 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 disclodays 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM APPROVED OMB NO. 0938-039	
STATEMEN	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155362	r í	UILDING	ONSTRUCTION  00	(X3) DATE COMPI 04/25	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE – MERRILLVILLE CARE CENTER			ED.	8800 V	ADDRESS, CITY, STATE, ZIP COD IRGINIA PLACE ILLVILLE, IN 46410		
	T		LIN		T		1
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION
TAG	§483.60(i)(1) - Pro approved or consifederal, state or lo (i) This may include directly from local applicable State a regulations.  (ii) This provision of facilities from using gardens, subject the applicable safe ground practices.  (iii) This provision from consuming for facility.  §483.60(i)(2) - Stop serve food in accompany and the facility sanitary conditions unlabeled and undated observed. This had the same and the facility is an interview, the facility sanitary conditions unlabeled and undated observed. This had the facility is an interview of the facility is an interview of the facility.  Findings include:  During a tour of the a.m., with the Assist the following were the following	le food items obtained producers, subject to and local laws or does not prohibit or prevent g produce grown in facility of compliance with powing and food-handling does not preclude residents pods not procured by the dore, prepare, distribute and produce with professional diservice safety. Son, record review, and the failed to store foods under related to uncovered, and the potential to affect 119 of exceived meals prepared in the hen)  I kitchen on 4/25/22 at 9:12 tant Dietary Manager (ADM), observed:	F O	**************************************	p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="1354775841" paraeid="{d3973900-9f67-4082-9cb9f47b3c50}{51}" >812  p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="1196360406" paraeid="{d3973900-9f67-4082-9cb9f47b3c50}{122}" >Food Procurement, Store/Prepare/Serve-Sanitary	38-bce	05/06/2022

no open dates.

- There was a large plastic bin with a dry, crumbly

substance. The bin was uncovered, unlabeled and

p class="Paragraph

xml:lang="EN-US"

SCXW68415984 BCX8"

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CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES				OM	IB NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155362		IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>			LETED
		B. W	ING		04/25	/2022	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF	PROVIDER OR SUPPLIEI	₹			IRGINIA PLACE		
BRICKYARD HEALTHCARE – MERRILLVILLE CARE CENTER		ER		ILLVILLE, IN 46410			
	1		1		,		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
		I indicated they were bread			paraid="1094788052"		
	- There was an open bag of red potatoes, undated.				paraeid="{2a9922b2-74a7-4a		
					54-b70f430b61be}{145}" >Re	54-b70f430b61be}{145}" >Res	
	- There were 3 plas	tic bins of dry cereal, unlabeled			p class="Paragraph		
	and undated.				SCXW68415984 BCX8"		
					xml:lang="EN-US"		
	2. In the walk in re	_			paraid="924823259"		
	- There were open	bins with fresh carrots,			paraeid="{54dd003a-1021-49	}5e-b1	
	cucumbers, tomato	es, celery and pears, all			af-19de62d2a906}{157}" >No	)	
	undated.				residents were identified as b	eing	
					affected.		
	_	, unwrapped package of					
	tortilla shells, unda	ted.					
					p class="Paragraph		
	1	, metal tray with sliced onions,			SCXW68415984 BCX8"		
	uncovered and und	ated.			xml:lang="EN-US"		
					paraid="618197298"		
		metal containers with leftover			paraeid="{2a9922b2-74a7-4a		
		plastic. They were unlabeled			54-b70f430b61be}{159}" >Re	es es	
	and undated.				Identified		
	- There were three	pre-made salads, undated.					
					p class="Paragraph		
	- There was an ope	n package of bacon, undated			SCXW68415984 BCX8"		
	and unwrapped.				xml:lang="EN-US"		
					paraid="75542040"		
	- There were two b	owls with a light brown,			paraeid="{fcd674b9-bd09-44	5c-844	
	smooth substance.	The ADM indicated it was			8-1f68dfa14ac4}{141}" >The		
	probably pureed me	eat for lunch. They were			Executive Director and the Di	ietary	
	unlabeled and unda	ited.			Manager did a kitchen audit t	.о	
					identify any other potential		
	3. In the walk in fre	eezer			problems. All		
	- There were two o	pen paper bags on the shelf.			uncovered/improperly		
	The ADM indicated	d they were french fries. They			stored/uncovered/unlabeled/u	undate	
	were unlabeled and	undated.			d foods in the dry storage are		
					walk-in refrigerator and walk-		

The current policy, "Food Safety Requirements",

was received from the Administrator on 4/25/22 at

freezer were discarded. All soiled

storage bins were appropriately

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

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	PROVIDER OR SUPPLIEI ARD HEALTHCARE	R E – MERRILLVILLE CARE CENTE	8800 V	ADDRESS, CITY, STATE, ZIP COD IRGINIA PLACE ILLVILLE, IN 46410		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF 11:05 a.m., indicate	STATEMENT OF DEFICIENCIE  ICY MUST BE PRECEDED BY FULL  R LSC IDENTIFYING INFORMATION  Ed, "Practices to maintain safe  includesiv. Labeling, dating	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)  cleaned. All negative findings addressed immediately	DATE	
	and monitoring refi not limited to, lefto date, or frozen (who v. Keeping foods containers" Interview with the indicated the above labeled and dated.	rigerated food, including, but vers, so it is used by it's use-by ere applicable) or discarded and		p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="1227175892" paraeid="{2a9922b2-74a7-4a 54-b70f430b61be}{173}" >Oth		
	3.1-21(i)(3)			SCXW68415984 BCX8" xml:lang="EN-US" paraid="10922419" paraeid="{4126c737-a49c-4d-6e-0f05c2804df8}{194}" > All residents who receive meals prepared in the kitchen have t potential to be affected.		
				p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="1218041538" paraeid="{2a9922b2-74a7-4a 54-b70f430b61be}{187}" >Education	d9-86	
				p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="942988916"		

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paraeid="{fcd674b9-bd09-445c-844

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	ROVIDER OR SUPPLIE RD HEALTHCARI	R E – MERRILLVILLE CARE CENTI	8800 V	ADDRESS, CITY, STATE, ZIP COD IRGINIA PLACE ILLVILLE, IN 46410	
	RD HEALTHCARI SUMMARY (EACH DEFICIEN		8800 V	IRGINIA PLACE	d9-86 ddits  4e-b4 Innee e the all orage s will ek for onths,
				will occur on all shifts and will include weekend audits. Any negative trends will be review Monthly QAPI program.	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVE         A. BUILDING       00       COMPLETED         B. WING       04/25/2022		LETED			
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE – MERRILLVILLE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD  8800 VIRGINIA PLACE  MERRILLVILLE, IN 46410				
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
					p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="910262476" paraeid="{2a9922b2-74a7-4a54-b70f430b61be}{215}" >QAD p class="Paragraph SCXW68415984 BCX8" xml:lang="EN-US" paraid="511906266" paraeid="{2a9922b2-74a7-4a54-b70f430b61be}{223}" >Au will be submitted to QAPI mountil 95% compliance is reach	API ad9-86 dits nthly	

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