

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

PRINTED: 09/20/2022

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 08/29/2022
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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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(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
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00379637, IN00381322, and IN00386478.</p> <p>Complaint IN00379637 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00381322 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00386478 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 23, 24, 25, 26, and 29, 2022.</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 123 Total: 123</p> <p>Census Payor Type: Medicare: 5 Medicaid: 87 Other: 31 Total: 123</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/31/22.</p>	F 0000		
F 0641 SS=A	483.20(g) Accuracy of Assessments			

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

TITLE

(X6) DATE

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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Bldg. 00	<p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on observation, record review and interview, the facility failed to ensure the Minimum Data Set (MDS) comprehensive assessment was accurately completed for vision for 1 of 24 MDS assessments reviewed. (Resident 57)</p> <p>Finding includes:</p> <p>Resident 57 was observed on 8/26/22 at 8:30 a.m., and 8/29/22 at 8:53 a.m. She was wearing non-prescription, plastic sunglasses.</p> <p>The resident's record was reviewed on 8/25/22 at 2:11 p.m. The resident was admitted on 9/9/20. Diagnoses included, but were not limited to, dementia. She resided on the Memory Care Unit.</p> <p>The Annual MDS assessment, dated 6/29/22, indicated the resident had moderate cognitive deficits, and adequate vision with corrective lenses.</p> <p>Interview with the Social Service Designee on 8/29/22 at 9:43 a.m., indicated she had completed the vision portion of the the MDS, and it had been coded incorrectly.</p> <p>3.1-31(d)(3)</p>	F 0641	No POC response required	09/16/2022
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is</p>			

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	<p>possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure timely follow up was completed related to x-ray results for a resident who had a fall for 1 of 4 residents reviewed for accidents. (Resident 21)</p> <p>Finding includes:</p> <p>On 8/23/22 at 10:38 a.m., Resident 21 was observed lying in bed with her eyes closed. There was a fall mat on the floor on the left side of her bed. The resident was not responsive when spoken to.</p> <p>Record review for Resident 21 was completed on 8/24/22 at 4:07 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, osteoporosis, and hypertension.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 5/23/22, indicated the resident was cognitively intact, received hospice services, and had not had any falls since the prior assessment.</p> <p>An Indiana Department of Health (IDOH) reportable incident, dated 3/21/22, indicated on 3/19/21 the resident had been found lying on her back on the floor in her room on her left side with her feet towards the head of the bed. Her right knee was swollen, painful when moved, and bruised. The Physician was notified, and orders were received for x-rays of the right lower leg. The right knee x-ray results, dated 3/19/22 at 12:59 p.m., indicated no fracture. The right tibia/fibula</p>	F 0689	<p>Requesting desk/paper review</p> <p>689 Free of Accident Hazards/Supervision/Devices</p> <p>Res - Resident 21</p> <p>Res Identified - All residents have the potential to be affected Resident 21 was transferred to hospital for treatment of the fracture upon receiving X-ray report.</p> <p>Others No other residents were identified as being affected. Employee was re-educated at the time of the incident on thorough review of results and is no longer employed at the facility A 30 day look back to be completed of all residents who had radiology orders related to falls/accidents to ensure proper follow up was completed</p> <p>Education-DCE/Designee will in-service all nurses on following up within a timely manner (24 hours) for all residents who have radiology tests ordered relating to falls/accidents. All falls/accidents will be reviewed daily by nursing management to ensure proper follow up is completed including</p>	09/16/2022
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	<p>x-ray results, dated 3/19/22 at 12:59 p.m., indicated an acute proximal right lower leg fracture involving the tibia and fibula. Both x-ray results were listed on the same page. The resident was sent to the hospital for treatment of the fracture on 3/21/22.</p> <p>A Progress Note, dated 3/19/22 at 10:12 a.m., indicated the resident's right lower leg was noted to have swelling and bruising related to the fall. The Physician was notified and gave an order for an x-ray of the right lower leg.</p> <p>A Physician's Order, dated 3/19/22, indicated x-ray of right knee tibia and fibula stat (urgent, rush).</p> <p>A Progress Note, dated 3/19/22 at 1:30 p.m., indicated the x-ray results were negative and the Physician was notified.</p> <p>A Progress Note, dated 3/21/22 at 7:31 a.m., indicated the resident was noted with a fluid filled blister to her right knee. "Reported to this writer that Resident has a FX (fracture) of the RT (right) Proximal Tibia et (and) Fibula with no displacement." Hospice and the Physician were notified, and orders were received to send the resident to the hospital for evaluation</p> <p>Interview with the Director of Nursing on 8/26/22 at 11:47 a.m., indicated the nurse on Saturday 3/19/22 had only received the right knee x-ray results that were negative, which is why she charted she received negative results. The Unit Manager came in on Monday 3/21/22 and found the tibia and fibula x-ray results on the fax machine, which was positive for the fracture. She was unable to provide the x-ray results the nurse had received and indicated when she asked radiology to send them to her, both the right knee</p>		<p>proper provider notification of any findings</p> <p>Audits - The DNS/DCE or designee will audit 3 random residents with Radiology results ordered for residents with Falls/Accidents to ensure proper follow up and provider notification of any findings is completed in a timely manner. Audits will occur 3 times weekly for 4 weeks then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI program.</p> <p>QAPI Audits will be submitted to QAPI monthly until 95% compliance is reached</p>	

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F 0804 SS=E Bldg. 00	<p>and right tibia/fibula results appeared on the same page. She indicated there was a delay in treatment of the fracture. The nurse should have ensured she had the results of both the right knee and right tibia/fibula x-rays.</p> <p>3.1-45(a)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review and interview, the facility failed to prepare pureed (blended food) meals to correct texture and did not follow the puree recipe. This had the potential to affect 16 residents who received pureed meals from the kitchen. (Main Kitchen)</p> <p>Finding includes:</p> <p>On 8/24/22 at 3:27 p.m., the Cook was observed preparing pureed food for dinner. He indicated he was going to prepare 16 servings of cold tuna salad.</p> <p>The cook scooped 8 cups of tuna into the blender, put on the lid, measured 1 cup of water from the faucet, added the water to the tuna and blended. The mixture was thin and runny. He then added 1</p>	F 0804	<p>Requesting desk/paper review - Submitting supporting documentation, audits are ongoing</p> <p>F804 Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>Res -16 residents</p> <p>Res Identified - This had the potential to affect 16 residents who received pureed meals from the kitchen</p> <p>Others - All residents who receive pureed food from the kitchen were identified as potentially being affected. Employee was put in a</p>	09/16/2022

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	<p>tablespoon of thickener into the mixture. He placed the lid on the blender and blended the mixture. The tuna mixture was still thin and runny. He add 2 more tablespoons of thickener and blended again. He then placed the mixture into the serving container. He indicated he needed to make more to fill the serving container up to the line. He placed 2 cups of tuna and 1/2 cup of water into the blender, he then added a tablespoon of thickener and blended together. He emptied the blender into the same serving container. He took the temperature of the the tuna, which was 50 degrees. He placed the serving container on ice, and indicated he was going to serve it.</p> <p>The recipe for tuna salad was presented as follows: For 10 servings: Add 10 1/2 cups of tuna salad Add 20 slices of bread Add broth or gravy if product needs thinning, add commercial thickener if product needs thickening.</p> <p>The current policy, "Puree Food Preparation", was received from the Nurse Consultant on 8/25/22 at 11:48 a.m., indicated, "...The goal is a smooth, soft, homogeneous consistency similar to soft mashed potatoes...." and "...Do not use water as an additive to prepare puree foods...."</p> <p>During an interview with the Cook and Dietary Manager (DM) on 8/24/22 at 4:21 p.m., the DM indicated the tuna puree was too thin. The Cook indicated he thought the puree was too thick and added water. Per the DM, he did not follow the recipe and did not prepare enough for the 16 purees, but only made 10 servings. The DM indicated the puree bread had been forgotten.</p> <p>3.1-21(a)(1)(2)</p>		<p>position to be supervised and the tuna was made and temped according to the Puree Food Preparation policy.</p> <p>Education - Employee was immediately educated on the Puree Food preparation policy by the DSM (Dietary Service Manager). The DSM/designee in-serviced all dietary staff prior to 9/16/2022</p> <p>Audits -The DSM/ADSM/RD or designee will audit 3 random meal preparations to ensure that all pureed meals are accurate in consistency and temperature and recipes are used. Audits will occur 3 times a week for 4 weeks, then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI.</p> <p>QAPI Audits will be submitted to QAPI monthly until 95% compliance is reached.</p>	

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F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, record review and interview, the facility failed to ensure a sanitary kitchen related to touching food and non-food items without changing gloves, foods being held at temperatures out of safe range and improper cleaning of the food thermometer. This had the potential to affect 113 residents who received food prepared from the kitchen. (Main Kitchen)</p> <p>Findings include:</p> <p>1. On 8/24/22 at 3:27 p.m., the Cook was observed preparing pureed food for dinner. He indicated he was going to prepare 16 servings of cold tuna salad.</p>	F 0812	<p>Requesting desk/paper review -Supporting documents attached</p> <p>F812 Food procurement, Store/Prepare/Serve-Sanitary</p> <p>Res All residents (113) have the potential to be affected</p> <p>Res Identified All residents that receive meals from the kitchen have the potential to be affected by the deficient practice</p> <p>Others The 113 residents</p>	09/16/2022

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	<p>The Cook scooped 8 cups of tuna into blender, put on the lid, measured 1 cup of water from the faucet then turned faucet off, using the same gloved hands. He added water to tuna and blended. The mixture was thin and runny. He then added 1 tablespoon of thickener into the mixture. The thickener had three measuring spoons already in the container. The cook used his same gloved hands with visible tuna on the gloves to measure thickener and tuna drippings were observed in the thickener. He placed the lid on the blender and blended the mixture. The tuna mixture was still thin and runny. Using the same gloved hands, he add 2 more tablespoons of thickener from the container and blended again. He then placed the mixture into a serving container. He indicated he needed to make more to fill the serving container up to the line. Using the same gloved hands, he placed 2 cups of tuna and 1/2 cup of water into the blender, he then added a tablespoon of thickener and blended together. He emptied the blender into the same serving container. He took the temperature of the the tuna, which was 50 degrees. He placed the serving container on ice, and indicated he was going to serve it.</p> <p>2. On 8/24/22 at 4:03 p.m., the Cook was observed checking the temperatures of foods prepared for serving as follows:</p> <ul style="list-style-type: none"> - He temped the pureed corn chowder and used a sani-cloth to clean the thermometer. - He then temped the corn chowder and cleaned with the same sani-cloth. - Next, he temped a hamburger patty, indicated it was 133 degrees, cleaned the thermometer with the same sani-cloth, then disposed of the cloth. - Temperature of diced tomatoes was 46 degrees and a new sani cloth was used to clean the 		<p>identified had the potential to be affected. The employee was redirected for further training and further meals were prepared by the DSM (Dietary Service Manager) to ensure compliance and appropriate Infection Control/hygienic practices</p> <p>Education All employees were educated on the Food Safety Requirements and Maintaining a Sanitary Tray Line policies by the DSM/IP prior to 9/16/2022</p> <p>Audits The DSM/IADSM/RD or designee will audit 3 random meal preparations to ensure that proper protocols per policy is occurring. Audits will occur 3 times a week for 4 weeks, then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI</p> <p>QAPI Audits will be submitted to QAPI monthly until 95% compliance is reached</p>	

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	<p>thermometer.</p> <ul style="list-style-type: none"> - Temperature of chopped lettuce was 54 degrees, the thermometer was cleaned with same sani-cloth. - Temperature of regular tomatoes was 41 degrees, the thermometer was cleaned with same sani-cloth.. - Temperature or regular lettuce was 50 degrees, the thermometer was cleaned with same sani-cloth. - Temperature of regular tuna was 53.8 degrees, the thermometer was cleaned with same sani-cloth. - The pureed tuna salad was not temped again after the initial reading of 50 degrees. <p>Interview with the Cook at that time indicated he was proceeding to serve everything he had just temped.</p> <p>3. On 8/24/22 at 4:18 p.m., the Cook was observed plating meals. He washed his hands and applied gloves, then retrieved a bowl, scooped a serving of corn chowder into the bowl and placed it on a serving tray. He retrieved a plate, placed a hamburger bun onto the plate and opened up the bun using the same gloved hands. He placed a scoop of tuna salad on the bun, then with the same gloved hands, pulled shredded lettuce from its serving container, added diced tomatoes and then placed the top of the bun on the sandwich. This plate was added to the residents tray. The Cook retrieved another bowl, and followed the same process as above and was then stopped by the surveyor.</p> <p>The current policy, "Maintaining a Sanitary Tray Line", was received from the Nurse Consultant on 8/25/22 at 11:48 a.m., indicated, "...Change gloves when activities are changed, or when the type of</p>			

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	<p>food being handled is changed or leaving the work station....", and, "...Periodically monitor food temperatures throughout the meal service to ensure proper hot (at or above 135 degrees) or cold holding temperatures (at or below 41 degrees)...."</p> <p>The current policy, "Food Safety Requirements", indicated, "...All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination...."</p> <p>Interview with the Cook and Dietary Manager (DM) on 8/24/22 at 4:21 p.m., the DM indicated the Cook should have used tongs for the bread, lettuces and tomatoes. The hamburger patty was under proper holding temperature of 135 degrees, and the cold tuna salad and cold puree tuna was above the proper temperature of 41 degrees. The measuring spoons should not have been stored in the thickener, he should have changed gloves before scooping out the thickener and used a different set of measuring spoons each time while using a multi-use container of thickener.</p> <p>3.1-21(i)(3)</p>			