

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00401656.</p> <p>Complaint IN00401656 - Substantiated. Federal/state deficiencies related to the allegations are cited at F563.</p> <p>Survey date: February 16, 2023</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 3 Medicaid: 51 Other: 29 Total: 83</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 17, 2023</p>	F 0000	<p>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed continuously improve the quality of care and comply with all applicable federal and state requirements.</p> <p>The facility respectfully requests a desk review of our responses to this survey.</p>	
F 0563 SS=D Bldg. 00	<p>483.10(f)(4)(ii)-(v) Right to Receive/Deny Visitors §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lynn Adams	Executive Director	02/24/2023

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>access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;</p> <p>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;</p> <p>(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and</p> <p>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.</p> <p>Based on interview and record review, facility failed to accommodate a resident receiving familial visitors late at night for 1 of 5 residents reviewed for visitation. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/16/2023 at 2:05 p.m. The medical diagnoses included acute and chronic respiratory failure. Resident admitted to the facility on 2/3/2023 and elected hospice services on 2/4/2023.</p>	F 0563	QMA #2 received 1:1 education on the facilities visitation policy to include but not limited to allowing visits to occur regardless of the time of day and should a visit cause disruption to other residents, accommodations shall be made to continue to allow the visit to occur in another area that will not cause disruption to others.	03/03/2023

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	<p>An interview with the Executive Director on 2/16/2023 at 2:00 p.m. indicated that she was notified about the family for Resident B stating they were going to stay the night at 10:36 p.m. by QMA 2. After getting further information from the charge nurse and QMA 2, it was decided the family can have a visit but they could not spend the night due to Resident B's roommate not being able to rest comfortably.</p> <p>An interview QMA 2 on 2/16/2023 at 2:52 p.m. indicated she took care of Resident B on the night shift starting on 2/5/2023. Four family members indicated they were going to be spending the night around 10 p.m. on the 2/5/2023. Around 11:30 p.m., she and the charge nurse, were instructed that the family could not stay the night and informed the family of that decision. She indicated they did not offer to make other accommodation for visitation outside of the resident's room.</p> <p>A policy entitled, "Resident Rights to Access and Visitation", was provided by the Executive Director on 2/16/2023 at 1:45 p.m. The policy indicated, "It is the policy of the facility to support and facility resident's right to receive visitors of their choosing at the time of their choosing ...If familiar visits infringe upon the rights of other residents (e.g. family visits late at night when the resident's roommate is already asleep), staff will find a location other than the resident's room for visits ..."</p> <p>This federal tag relates to Complaint IN00401656.</p> <p>3.1-8(b)(7)</p>		<p>All residents who reside in the facility have the potential to be affected by this alleged deficient practice.</p> <p>The facility has completed an initial audit of all residents or the family of those residents not able to answer, in the facility to determine if they have been allowed and accommodated to receive visitors at the hours of their choosing.</p> <p>All staff were educated on the facilities Visitation Policy to include but not limited to allowing visits to occur regardless of the time of day and should a visit cause disruption to other residents, accommodations shall be made to continue to allow the visit to occur in another area that will not cause disruption to others.</p> <p>The Executive Director will interview 1 resident or family of a resident daily on scheduled days of work to ensure that they have</p>	

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

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FORM APPROVED

OMB NO. 0938-039

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			<p>been allowed and accommodated to receive visitors, regardless of the time of day. These interviews will be conducted 5 times a week for 4 weeks, three times a week for 4 weeks, then weekly until compliance is maintained for 6 consecutive months.</p> <p>The results of the audit will be brought to QAPI monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly.</p>	