STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00387070. Complaint IN00387070 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-557 & F-689. Survey dates: August 9 & 10 2022 Facility number: 000165 Provider number: 155264 AIM number: 100288220 Census Bed Type: SNF/NF: 87 Total: 87 Census Payor Type: Medicare: 6 Medicaid: 66 Other: 15 Total: 87 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on Aug 17, 2022	F 0000	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 as a means to continuously improve the quality of care and comply with all applicable federal and state requirements. The facility respectfully requests a desk review of our responses to this survey.	
F 0557 SS=D Bldg. 00	483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	so would infringe upon the rights or health and safety of other residents. Based on interview and record review the facility failed to provide dignity for a resident that was verbalizing the inability to assist with transferring, was directed to transfer by staff with no additional assistance resulting in a fall for 1 of 3 residents reviewed for abuse (Resident B). Finding include: Review of the record of Resident B on 8/9/22 at 11:10 a.m., indicated the resident's diagnoses included, but were not limited to, Huntington's disease, osteoarthritis of the right knee, chronic obstructive pulmonary disease, hypertensive heart disease, peripheral vascular disease, dementia with Lewy bodies, depressive disorder, post traumatic stress disorder and repeated falls. The Admission Minimum Data Set (MDS) for Resident B, dated 6/27/22, the resident was cognitively intact for daily decision making, the resident is consistent and reasonable. The resident required extensive assistance of one person to transfer, balance moving from seated to standing was not steady and only able to stabilize with staff assistance. The post fall evaluation for Resident B, dated 6/28/22 at 4:20 a.m., indicated the resident had a witnessed fall in the bathroom. The resident sat self on the floor. The resident had a history of falls prior to admission at home. There was no injury from the fall. The progress note for Resident B, dated 6/28/22 at 4:35 a.m., indicated the resident was being assisted by a CNA in the restroom and the resident told the CNA that she would have to help	F 0557	F 577 (D) Respect, Dignity/Right to have Personal Property **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident B: no longer resides at the facility CNA1: received 1:1 educated on Resident Rights and Dignity to include but not limited to following the residents plan of care, transfers and providing care and services as needed. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken** Residents that require assistance with transfer have the potential to be affected by the same alleged deficient practice. Initial audit: The facility completed an audit of all residents that, per MDS, require assistance with transfers to ensure their plan of care and Kardex reflect the level of assistance needed. **What measures will be put into place and what systemic changes will be made to**	09/02/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	the resident up. The CNA assisted the resident by placing her arm under the resident's arm to help her stand and the resident resident sat herself on the floor. Writer asked the resident if she fell and the resident stated "no" that she had sat on the floor and that her right leg did not work properly. The resident indicated she was at the facility for nursing staff to take 100% total care of her. The resident indicated she would try to assist the nurse and CNA to a standing position off the floor. The resident then walked to the bed and climbed into the bed with no issues observed. The resident then stated she was going to talk to someone about her complaint of staff telling her needed to help and use her legs when standing. The nurse offered the resident a grievance form and the resident declined. The resident did accept assistance from the nurse and CNA, but stated she was still upset and was going to speak with someone later today about not receiving total care. The nurse mentioned the CNA was just trying to make sure she understood that we are here to make sure the resident could do as much for herself as possible in a safe manner. The incident report for Resident B, dated 6/28/22 at 10:30 a.m., indicated the resident reported that she would like to speak to someone about concerning a CNA. The resident states that while getting off the toilet, CNA grabbed her by the right arm and pulled her "forcibly" off the toilet, resident stated, "there was no counting no warning" she just grabbed the resident and pulled. The resident indicated if her body would not have turned she would have hit her face on the wall. The resident indicated the CNA stood there telling her that she needed to do things for herself and that the was resident was fully able to do more then what she was doing. The resident indicated she felt the CNA did not want to care for		**ensure that the deficient practice does not recur** Education Clinical staff were educated on Resident Rights and Dignity to include but not limited to following the residents plan of care, transfers and providing care and services as needed. On-going monitoring The DNS or designee will observe 5 transfers a week to ensure staff are providing dignity and assistance per the plan of care/Kardex. These reviews to be conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months. The ED or designee will interview/observe 10 residents a week to ensure staff are providing services and assistance with dignity per the plan of care/Kardex. These reviews to be conducted 5 times weekly, for a total of 10 residents, times 4 weeks. Then 3 times weekly, for a total of 6 residents, times 4 weeks. Then weekly, for a total of 2 residents, times 4 months. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	her and that the resident bothered the CNA when she required help. The resident stated that an area of deep purple discoloration with reddish edges located on the upper right deltoid was not present prior to the incident. The resident indicated once her body twisted and in a standing position she slid down the wall to the floor. The resident indicated the CNA then blamed the resident for falling and that the CNA did not do anything wrong. The resident told the CNA she tried to give people the benefit of doubt, but did not want the CNA to provide care to her longer. The CNA left to get assistance due to the resident being on the floor. The skin assessment for Resident B, dated 6/28/22 at 2:11 p.m., indicated the resident had bruising on the right inner aspect of her deltoid that measured 4 centimeters (cm) by 2.4 cm. During an interview with CNA 1 on 8/9/22 at 5:57 p.m., indicated she was caring for Resident B on 6/28/22 when she fell getting off the toilet. CNA 1 indicated when she went to stand the resident off the toilet the resident told the CNA to use her full force to assist her up and the CNA did not use her full force, the CNA "just lifted her up under her arm like she always did" The resident indicated for the CNA to use her full force and the CNA told the resident she could not use her full force. CNA 1 told the resident to try and stand and to use her knees. The resident stood up with the CNA and then sat on the floor. CNA 1 indicated she did feel like she could safely care for Resident B and when the resident was at the facility in 2021 on her first admission she could go to the bathroom by herself. CNA 1 indicated she did not use a gait belt with Resident B because she had asked other CNA's and they told her that did not use a gait belt with Resident B.		Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	During an interview with Resident B's family member on 8/10/22 at 10:05 a.m., indicated Resident B did not have enough strength to get off the toilet and had a lot of falls. The resident also had a lot of respiratory issues. The resident reported to the family member that she asked CNA 1 to assist her to the bathroom the first night she was at the facility on 6/20/22 and CNA 1 told the resident she had heard the resident could do it herself. The resident told CNA 1 "well I wish you would tell my body that" and CNA 1 did assist her to the bathroom. The incident on 6/28/22 around 4:30 a.m., CNA 1 told the resident again she could take herself to the bathroom and the resident told her she could not. CNA 1 then assisted her to the bathroom, when the resident was ready to get off the toilet CNA 1 grabbed her under the arm and pulled the resident off the toilet resulting in the resident falling to the floor. The resident's incontinent brief was half way down her legs and the resident's bottom was showing. Resident B felt like CNA did not provide her with any dignity and the resident was very embarrassed about the incident. The family member called the Administrator the morning of 6/28/22 and left a voicemail about the incident. CNA 1 never cared for the resident again. During an interview with the Social Service Director on 8/10/22 at 12:10 p.m., indicated Resident B had concerns with CNA 1. Resident B felt like CNA 1 was rude, disrespectful and rough when she transferred her off the toilet and she slipped on 6/28/22. Resident B was not happy with CNA 1, but was happy with everything else at the facility. The Social Service Director would check on the resident often. The Social Service Director indicated Resident B did not use the word abuse she just said "rough".			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	During an interview with Resident B on 8/10/22 at 12:38 p.m., indicated on 6/28/22, she had CNA 1 to help her go to the bathroom. CNA 1 did not use a gait belt or the resident's walker. CNA 1 held onto the resident's arm when she walked with her to the bathroom. When the resident was done using the restroom the resident asked CNA 1 to help her to get up, CNA 1 started "gripping" that the resident needed to do more for herself and the resident told her she could not do it. The resident indicated she started counting to three to get up and the CNA jerked her up before she could get to three. The resident indicated she almost hit her face on the wall and CNA 1 grabbed her as she was going down to prevent her from falling leaving a bruise on her right arm, but the resident fell anyway. The resident indicated her incontinence brief was around her knees and her nightgown was above her breast. The resident indicated CNA 1 was disrespectful to her and rude to her. The resident indicated the incident still upset her to this day. Resident B indicated she reported the incident to the Administrator, Director Of Nursing and the Social Service Director. During an interview with the Administrator on 8/10/22 at 3:20 p.m., indicated the facility concluded after investigating the incident with Resident B and CNA 1 on 6/28/22 that the incident was poor customer service provided by CNA 1 and there was no abuse. The facility provided CNA 1 with customer service training after the incident. The Administrator reminded CNA 1 if a resident said they could not do something then the CNA needed to go get more assistance from another staff member. The resident rights policy provided by the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	Administrator on 8/10/22 at 3:00 p.m., indicated the resident had the right to be treated with dignity and respect. This Federal tag relates to Complaint IN00387070. 3.1-3(t)			
F 0689 SS=D Bldg. 00	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 possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on interview and record review the facility failed to safely transfer a resident using a gait belt, walker, assist of two staff and failed to update the plan of care with an intervention to prevent further falls after the resident fell for 1 of 3 residents reviewed for falls (Resident B). Finding include: Review of the record of Resident B on 8/9/22 at 11:10 a.m., indicated the resident's diagnoses included, but were not limited to, Huntington's disease, osteoarthritis of the right knee, chronic obstructive pulmonary disease, hypertensive heart disease, peripheral vascular disease, dementia with Lewy bodies, depressive disorder, post traumatic stress disorder and repeated falls. The fall risk assessment for Resident B, dated 6/20/22, indicated the resident was at risk of	F 0689	F 689 (D) Free of Accidents Hazards/Supervision/Devices **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident B: no longer resides at the facility CNA1: received 1:1 educated on Resident Rights and Dignity to include but not limited to following the residents plan of care, transfers and providing care and services as needed. **How other residents having the potential to be affected by the same deficient practice will be**	09/02/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	falling. The fall care plan for Resident B, dated 6/21/22, indicated the resident was at risk for falls related to the resident had fell in the last 30 days, history of falls, new environment, epilepsy, pain, hallucinations, needed assist with transfers and toileting. The interventions included, but were not limited to, gait belt with transfers. There were no interventions implemented after the resident fell on 6/28/22. The plan of care for Resident B, dated 6/21/22, indicated the resident had physical functioning deficit. The interventions included, but were not limited to, toileting assistance of two people and transfer assistance of two people. The Admission Minimum Data Set (MDS) for Resident B, dated 6/27/22, the resident was cognitively intact for daily decision making, the resident is consistent and reasonable. The resident required extensive assistance of one person for transfers, balance moving from seated to standing was not steady and only able to stabilize with staff assistance. The resident required extensive assistance of one person to ambulate her in room. The resident required extensive assistance of one person for toileting. The resident utilized a walker and wheelchair for mobility. The resident had a history of falls prior to admission to the facility. The resident had a fall resulting in a fracture within the last six months prior to admission. The post fall evaluation for Resident B, dated 6/28/22 at 4:20 a.m., indicated the resident had a witnessed fall in the bathroom. The resident sat self on the floor. The resident had a history of falls prior to admission at home. There was no		**identified and what corrective action will be taken** Residents that require assistance with transfer have the potential to be affected by the same alleged deficient practice. Initial audit: The facility completed an audit of all residents that, per MDS, require assistance with transfers to ensure their plan of care and Kardex reflect the level of assistance needed. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur** Education Clinical staff were educated on Resident Rights and Dignity to include but not limited to following the residents plan of care, transfers and providing care and services as needed. On-going monitoring The DNS or designee will observe 10 staff assisted transfers a week to include all shifts to ensure staff are providing dignity and assistance per the plan of care/Kardex. These reviews to be conducted 5 times weekly, for a total of 10 residents, times 4 weeks. Then 3 times weekly, for a total of 6 residents, times 4 weeks. Then weekly, for a total of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	injury from the fall. The progress note for Resident B, dated 6/28/22 at 4:35 a.m., indicated the resident was being assisted by a CNA in the restroom and the resident told the CNA that she would have to help the resident up. The CNA assisted the resident by placing her arm under the resident's arm to help her stand and the resident resident sat herself on the floor. Writer asked the resident if she fell and the resident stated "no" that she had sat on the floor and that her right leg did not work properly. The resident indicated she was at the facility for nursing staff to take 100% total care of her. The resident indicated she would try to assist the nurse and CNA to a standing position off the floor. The resident then walked to the bed and climbed into the bed with no issues observed. The resident then stated she was going to talk to someone about her complaint of staff telling her needed to help and use her legs when standing. The nurse offered the resident a grievance form and the resident declined. The resident did accept assistance from the nurse and CNA, but stated she was still upset and was going to speak with someone later today about not receiving total care. The nurse mentioned the CNA was just trying to make sure she understood that we are here to make sure the resident could do as much for herself as possible in a safe manner. The incident report for Resident B, dated 6/28/22 at 10:30 a.m., indicated the resident reported that she would like to speak to someone about concerning a CNA. The resident states that while getting off the toilet, CNA grabbed her by the right arm and pulled her "forcibly" off the toilet, resident stated, "there was no counting no warning" she just grabbed the resident and pulled. The resident indicated if her body would		2 residents, times 4 months. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	not have turned she would have hit her face on the wall. The resident indicated the CNA stood there telling her that she needed to do things for herself and that the was resident was fully able to do more then what she was doing. The resident indicated she felt the CNA did not want to care for her and that the resident bothered the CNA when she required help. The resident stated that an area of deep purple discoloration with reddish edges located on the upper right deltoid was not present prior to the incident. The resident indicated once her body twisted and in a standing position she slid down the wall to the floor. The resident indicated the CNA then blamed the resident for falling and that the CNA did not do anything wrong. The resident told the CNA she tried to give people the benefit of doubt, but did not want the CNA to provide care to her longer. The CNA left to get assistance due to the resident being on the floor. The skin assessment for Resident B, dated 6/28/22 at 2:11 p.m., indicated the resident had bruising on the right inner aspect of her deltoid that measured 4 centimeters (cm) by 2.4 cm. During an interview with CNA 1 on 8/9/22 at 5:57 p.m., indicated she was caring for Resident B on 6/28/22 when she fell getting off the toilet. CNA 1 indicated when she went to stand the resident off the toilet the resident told the CNA to use her full force to assist her up and the CNA did not use her full force, the CNA "just lifted her up under her arm like she always did" The resident indicated for the CNA to use her full force and the CNA told the resident she could not use her full force. CNA 1 told the resident to try and stand and to use her knees. The resident stood up with the CNA and then sat on the floor. CNA 1 indicated she did not use a gait belt with Resident B because she had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	asked other CNA's and they told her that did not use a gait belt with Resident B. The CNA went and got the nurse to assist her in getting Resident B off the floor. During an interview with Resident B's family member on 8/10/22 at 10:05 a.m., indicated Resident B did not have enough strength to get off the toilet and had a lot of falls. The resident also had a lot of respiratory issues. The resident reported to the family member on 6/28/22 around 4:30 a.m., CNA 1 told the resident she could take herself to the bathroom and the resident told her she could not. CNA 1 then assisted her to the bathroom, when the resident was ready to get off the toilet CNA 1 grabbed her under the arm and pulled the resident off the toilet resulting in the resident falling to the floor. During an interview with Resident B on 8/10/22 at 12:38 p.m., indicated on 6/28/22, she had CNA 1 to help her go to the bathroom. CNA 1 did not use a gait belt or the resident's walker. CNA 1 held onto the resident's arm when she walked with her to the bathroom. When the resident was done using the restroom the resident asked CNA 1 to help her to get up. The resident indicated she started counting to three to get up and the CNA jerked her up before she could get to three. The resident indicated she almost hit her face on the wall and CNA 1 grabbed her as she was going down to prevent her from falling leaving a bruise on her right arm, but the resident fell anyway. The safe resident handling/transfers policy provided by the Administrator on 8/10/22 at 2:30 p.m., indicated it was the policy of the facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

(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
	comfortable experience for the resident resident. Compliance guidelines included, but were not limited to, handling aids may include gait belts and resident transferring would be performed according to the resident's individual plan of care. This Federal tag relates to Complaint IN00387070. 3.1-45(a)			