

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

PRINTED: 12/18/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155375		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - PETERSBURG CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 309 W PIKE AVE PETERSBURG, IN 47567			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00415321 and IN00420720.</p> <p>Complaint IN00415321-Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00420720- No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 14, 15, 16, 2023.</p> <p>Facility number: 000033 Provider number: 155375 AIM number: 100266280</p> <p>Census Bed Type: SNF/NF: 42 Total: 42</p> <p>Census Payor Type: Medicare: 2 Medicaid: 38 Other: 2 Total: 42</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 20, 2023.</p>			F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after December 7, 2023.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the</p>						

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

TITLE

(X6) DATE

Cathy Eckert

Executive Director

12/06/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 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>facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to ensure treatment orders were put in place, and weekly wound measurements were done for 1 of 3 residents reviewed. A treatment order for wounds was not put in place, wound measurements not documented weekly. (Resident B)</p> <p>Finding includes:</p> <p>On 11/15/23 at 12:15 p.m., Resident B's clinical record was reviewed. They had diagnoses that included, but were not limited to, chronic osteomyelitis, left ankle and foot, type 2 diabetes mellitus with foot ulcer. Resident B admitted to the facility on 6/23/23 and discharged on 8/5/23. An admission MDS (Minimum Data Set), assessment dated 6/30/23 indicated Resident B's cognition was intact and had diabetic foot ulcers.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>I have chronic osteomyelitis to left foot and ankle. I am receiving IV antibiotic therapy date initiated 6/27/23. Interventions included, but not limited to: treatments as ordered, date initiated 6/27/23.</p> <p>I have diabetic foot ulcers to my left foot r/t dx of diabetes, date initiated 6/27/23.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>Date of service: 6/29/23 4:36 p.m., Visit Type: skin</p>			F 0684	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after December 7, 2023.</p> <p>F684</p> <p>Quality of care</p> <p>What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> <li>· Resident B did not have any negative outcomes d/t this alleged deficient practice.</li> </ul> <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> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the alleged deficient practice.</li> <li>· IDT will review all residents to ensure treatment orders are in place and that wound measurements are documented.</li> </ul> <p>What measures will be put into</p>		12/07/2023

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	<p>and wound note</p> <p>Details: [name of wound care provider]</p> <p>..."patient has chronic diabetic foot ulcers to his left foot, patient states these wounds have been present since 2021 and is an established patient with his podiatrist who has been managing his wounds. Patient acutely diagnosed with osteomyelitis in his left great toe and (sic) left fifth toe. Patient underwent TMA to right 1-5 toes due to osteomyelitis previously. Patient has a right upper arm PICC line and is receiving 6 weeks of IV abx...</p> <p>Wound assessment: ...</p> <p>1. Left planter foot diabetic foot ulcer: calloused periwound, no odor, no drainage, 100% granulation tissue 2 cm L x 3 cm W x 0.2 D.</p> <p>2. Left lateral fifth toe diabetic foot ulcer: calloused periwound, no odor, no drainage, 100% epithelial tissue 0.8 cm L x 0.5 cm W x 0.1 cm D.</p> <p>3. Left lateral diabetic foot ulcer #1: calloused periwound, no odor, no drainage, 100% epithelial tissue 1 cm L x 1 cm W x 0.1 cm D.</p> <p>4. Left lateral foot diabetic ulcer #2 calloused periwound, no odor, no drainage, 100% epithelial tissue 1.5 cm L x 1.0 cm W x 0.1 D.</p> <p>...Plan:</p> <p>Cleanse with wound cleanser. Apply betadine paint to diabetic foot ulcers on left foot daily and apply non-adherent, wrap with Kerlix until follow up appointment with patient's podiatrist 7/5...</p> <p>Preventative Measures: The patient has a diabetic ulcer. Wound care discussed with the staff at the time of the visit. The patient needs offloading to the area of foot ulcer, glycemic control, and routine wound dressing management...</p>			<p>place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>· All licensed nursing staff and IDT will be re-educated and in-serviced on obtaining treatment orders and inputting wound measurements.</li> <li>· Audits will be completed by the DNS/designee to ensure all wounds have treatment orders in place along with wound measurements that are documented.</li> </ul> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> <li>· To ensure compliance, the DNS or designee will be responsible for the Wound Audit Tool to weekly times 4 weeks, then bi-weekly times 4 weeks, monthly times 6 months and then quarterly until continued compliance is maintained. If a threshold of 100% is not achieved an Action Plan will be developed to ensure compliance.</li> </ul>			

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	<p>New Recommendations: The resident has a treatment change listed above. Please reference the recommended orders for updated treatments. Please follow up with podiatrist on 7/5..."</p> <p>A progress note date 7/26/23 at 3:53 p.m., indicated " This nurse spoke with [name] clinical manager at [name ] Wound Care Center regarding resident's appointments. She informed this nurse that the resident has not been seen at office since May, 17, 2023. Resident has been making own appointments per his request during his stay and was informed by resident that he had an appointment on July 5, 2023 at wound center. Wound Care Center stated that he has missed multiple appointments during his treatment. Wound Center did inform this nurse that he does have an appointment scheduled for Wed August 2, 2023."</p> <p>Skin evaluation documentation was reviewed and the following dates indicated Resident B was seeing wound care: 7/7/23, 7/14/23, 7/21/23, 7/28/23, 8/2/3,</p> <p>The following skin evaluations did not have recorded measurements: 7/3/23, 7/14/23, 7/21/23, 7/23/23,</p> <p>On 11/16/23 at 11:06 a.m., the DON indicated Resident B refused any care to his feet, he had his own dressings in his room and did his own foot care, he had given his wound clinic appointments to the nurse, they had been put in the appointment book, but the book had been stolen twice during his stay from behind the nurses desk and she had no proof they were put in the book. The MDS Coordinator had told her they put in his care plans his non compliance with letting nursing staff to help with his treatments, but when she</p>						

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	<p>looked it was not in the care plans, the MDS Coordinator was no longer employed at the facility. The DON indicated when nursing staff do weekly skin assessments they are supposed to put measurements in weekly of wounds, she had asked the resident when he came back from his appointments if he had any paperwork, he said no, she had called the wound clinic and they did not call her back until 7/26/23 and that is when she found out he missed his 7/5/23 appointment, she had let his physician know he had not been going to his wound clinic appointments but she was unsure what day she notified the physician but she was sure it was that day or close to it. She indicated when a resident has an appointment it is supposed to be put in PCC(Point Click Care), and had not been put in the computer. The DON indicated Resident B left the facility saying he was going to his appointments and had his own transportation.</p> <p>On 11/16/23 at 12:34 p.m., LPN 1 indicated she had only taken care of Resident B for a short time, he only allowed certain nurses to do his foot care, he was very non compliant.</p> <p>On 11/16/23 at 1:23 p.m., the DON indicated the order from the wound care provider evaluation on 6/29/23 must have been missed.</p> <p>There was no documentation in the clinical record of Resident B doing his own treatments, being non compliant with treatments to his wounds, or the DON notifying the physician that Resident B had missed his wound clinic appointments.</p> <p>On 11/16/23 at 1:11 p.m., the DON provided the current policy on wound treatment management with a copyright date of 2022. The policy included, but was not limited to, ...1. Wound</p>						

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	<p>treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change...</p> <p>On 11/16/23 at 1:11 p.m., the DON provided the current policy on consulting physician/practitioner orders with a copyright date of 2023. The policy included, but was not limited to, ...1. Consulting physician/practitioner orders are those order provided to, the facility by physician/practitioner other than the resident's attending physician or physician/practitioner who is acting on behalf of the attending physician. A consulting physician/practitioner may include, but is not limited to a resident's :</p> <p>...c. wound clinic physician...2. For consulting physician/practitioner orders received in writing or via fax, the nurse in a timely manner will: a. call the attending physician to verify the order.</p> <p>b. Document the verification order by entering the order and the time, date, and signature on the physician order sheet...</p> <p>c. Follow facility procedures for verbal or telephone orders including: noting the order, submitting to pharmacy, and transcribing to medication or treatment administration record...</p> <p>This citation relates to Complaint IN00415321.</p> <p>3.1-37(a)</p>						