

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

PRINTED: 09/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155687		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/07/2022	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MUNCIE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2701 LYN-MAR DR MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaints IN00389256, IN00389435 and IN00389228.</p> <p>Complaint IN00389256 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00389435 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00389228 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: September 6 and 7, 2022</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Census Bed Type: SNF/NF: 104 Total: 104</p> <p>Census Payor Type: Medicare: 8 Medicaid: 83 Other: 13 Total: 104</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality reveiw completed on September 9, 2022.</p>			F 0000			
F 0684 SS=D	483.25 Quality of Care						

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 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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Bldg. 00	<p><b>§ 483.25 Quality of care</b> 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 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 a resident admitted suprapubic catheter received appropriate catheter care in accordance with professional standards upon admission for 1 of 3 residents reviewed for nursing services upon admission. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 8/6/2022 at 9:55 a.m. Diagnoses included, but were not limited to, Parkinson's disease, stage 3 chronic kidney disease, dementia, urinary tract infection, obstructive and reflux uropathy. The resident was admitted to the facility on 8/4/2022.</p> <p>Review of the hospital discharge orders, dated 8/1/2022, indicated the record lacked any catheter care orders.</p> <p>Review of the admission orders, dated 8/5/2022, indicated the record lacked any orders for catheter care.</p> <p>Review of the progress noted, dated 8/12/2022 at 6:00 p.m., indicated the resident complained of bladder pain and stated his catheter was not draining. 400 cc of urine was emptied from the catheter bag. The resident was sent to the hospital for evaluation and treatment The</p>			F 0684	<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 as a means to 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> <p>F 684 D Quality of Care <b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident C: No longer resides at the facility</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be</b></p>		09/19/2022

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	<p>resident returned to the facility on 8/13/2022, after having the suprapubic catheter replaced.</p> <p>Review of the August 2022 Treatment Administration Record indicated catheter care orders were not present until 8/15/2022. The resident had no orders for catheter care nor catheter care documentation for eight days from admission to being sent to the hospital.</p> <p>Review of the progress notes from 8/4/2022 through 8/15/2022, indicated the resident was admitted with a suprapubic catheter with urinary output but lacked any documentation of catheter care.</p> <p>During an interview on 9/6/2022 at 11:11 a.m., the Director of Nursing indicated the facility failed to investigate the lack of catheter care orders and call the physician to obtain them. A request for admission and catheter care policies was made. The Director of Nursing was unable to state how the lack of catheter care orders was missed.</p> <p>During an interview on 9/7/2022 at 1:07 p.m., the Corporate Clinical Consultant indicated the facility failed to follow professional standards to obtain catheter care orders upon the resident's admission. The admitting nurse should have recognized there were no catheter care orders for the resident admitted with a suprapubic catheter and called the physician to obtain care orders.</p> <p>A current undated policy titled "Catheter Care" was provided by the Administrator on 9/7/2022 at 10:00 a.m. The policy indicated the following: "... Policy Explanation: 1. Catheter care will be performed every shift and as needed by nursing personnel. ... "</p>				<p><b>identified and what corrective action will be taken</b></p> <p>All residents admitted with or in house with indwelling urinary catheters have the potential to be affected by the same deficient practice</p> <p>Initial audit: The facility completed an audit of all resident with indwelling foley or suprapubic catheters for management and care orders</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</b></p> <p>Education: Licensed Nursing staff were educated on the guideline for indwelling urinary catheters to include but not limited to assessment upon admission for indwelling catheters, orders for site care and managing appliances.</p> <p>On-going monitoring : The DNS or Designee will audit all new admissions and readmission to the facility for indwelling urinary catheters to ensure orders are in the medical record for site care and managing the appliance. These reviews to be conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.</p>		

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	<p>No other information was provided.</p> <p>This Federal tag relates to complaint IN00389228.</p> <p>3.1-37(a)</p>				<p><b>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</b></p> <p>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.</p> <p><b>By what date the systemic changes be completed: 9.19.22</b></p>		