

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

PRINTED: 10/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/29/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - FOUNTAINVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00383532 and IN00390903.</p> <p>Complaint IN00383532 - Substantiated. Federal/state deficiencies related to the allegations are cited at F760.</p> <p>Complaint IN00390903 - Substantiated. Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey dates: September 27, 28 & 29, 2022</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type: Medicare: 8 Medicaid: 58 Other: 5 Total: 71</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/5/22.</p>			F 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. We respectfully request paper compliance for this Plan of Correction.</p>		
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p>						

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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	<p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 4 residents reviewed for pressure ulcers received the physician ordered treatment for pressure ulcer care, in regard to scheduled repositioning of the resident, (Resident B).</p> <p>Finding includes:</p> <p>On 9/27/22 at 10:30 A.M., Resident B's clinical record was reviewed.</p> <p>Resident B's Admission Record indicated the resident was originally admitted to the facility on 4/12/22 and most recently admitted to the facility on 8/30/22, with diagnoses that included, but were not limited to: Cerebral Palsy, diabetes, gastrostomy, intellectual disabilities, cardiac arrhythmia, pressure ulcer of sacral region, pneumonia, contractor.</p> <p>Review of Resident B's Admission Minimum Data Set (MDS), dated 4/19/22 indicated the resident had a Brief Interview for Mental Status score of 99, indicating severe cognitive impairment. The resident required extensive assistance for all areas of activities of daily living and was dependent of</p>			F 0686	<p>ol="" role="list" start="1"</p> <p>Resident B no longer resides at facility .</p> <p>All other residents with pressure ulcers with physician orders for scheduled repositioning were reviewed to ensure documentation was present that the turning/repositioning was completed.</p> <p>ol="" role="list" start="3"</p> <p>Nursing staff in-serviced on Pressure Injury Prevention and Management Policy and completing assigned documentation in Point of Care. DNS/designee to review in clinical start up POC documentation for residents with physician ordered repositioning to ensure documentation in place that turning/repositioning is occurring as ordered. These audits to be completed 5 times weekly x 14 days, then 3 times weekly x 6 weeks, then weekly x 4 months. Results of these audits to be</p>		10/28/2022

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	<p>gtube for feeding. Resident B was admitted to the facility with 1 stage 4 pressure area.</p> <p>Review of Resident B's Skin evaluations included but were not limited to the following: 4/12/22 at 4:12 P.M., the resident had a stage 4 pressure ulcer to the right buttock that measured length 3.0 cm x width 3.1 cm and depth 3.0 cm. The resident was admitted to the facility with a wound vac place by a local hospital.</p> <p>5/05/22 at 11:27 A.M. stage 4 pressure ulcer to the right buttock with length 3.0 cm x width 2.8 cm depth 1.3 cm. New skin issue of shearing to coccyx with length 0.5 cm, width 0.3 cm, and depth-0.11 cm.</p> <p>7/15/22 at 12:16 P.M., stage 4 pressure ulcer to the right buttock with length 2.9 cm x width 3.5 cm depth 2.0 cm. Shearing skin issue to coccyx length 0.2 cm x width-0.2. Shearing to coccyx: Stable Stage 4 R. buttock: managed by Wound Clinic. Wound vac in place and changed as ordered. Clinical suggestions: Dressing changes/treatment performed as ordered.</p> <p>7/16/22 at 7:10 A.M. new stage 2 pressure ulcer to right outer heel length 2.6 cm x width 2.0 cm, depth-<0.1 cm.</p> <p>7/18/22 at 5:52 P.M. new pressure ulcer to left heel length 2.5 cm x width 1.9 cm.</p> <p>7/20/22 at 2:23 P.M., pressure ulcer to the right buttock length 2.7 cm x width 3.1 cm x depth 1.6 cm. Pressure ulcer to coccyx length 0.2 cm x width 0.1 cm. Wound to left heel length 2.5 cm x width 1.9 cm. Pressure to right outer heel length 1.8 cm x width 1.8 cm x depth 1.6 cm.</p>		brought to QAPI x 6 months to monitor for compliance. If any issues then based on IDT recommendations.				

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	<p>Followed by wound clinic: Lateral heels, coccyx, right buttock. Orders per wound clinic.</p> <p>8/10/22 at 2:44 P.M., pressure ulcer to right buttock length 2.6 cm x width 2.7 cm x depth 2.0 cm. Pressure to sacrum length 4.4 cm x width 2.5 cm x depth 0.1 cm. Pressure ulcer left heel length 2.0 cm x width 2.0 cm x depth 0.1 cm.</p> <p>8/31/22 at 12:24 P.M. pressure ulcer left ear length 0.97 cm x width 0.67 cm x depth 0 cm.</p> <p>9/14/22 at 12:24 P.M. pressure ulcer right buttock length 2.2 cm x width 3.1 cm x depth 1.7 cm. Pressure ulcer coccyx length 4.3 cm x width 3.1 cm x depth 0.1 cm. Pressure ulcer right heel length 0.1 cm x width 0.1 cm x depth- 0.1 cm. Area on Right post ankle crusted dry flaky skin.</p> <p>9/21/22 at 12:24 P.M. pressure ulcer right buttock length 2.2 cm x width 3.0 cm x depth 1.8 cm. Pressure ulcer coccyx length 4.0 cm x width 3.0 cm x depth 0.1 cm.</p> <p>Review of the Physician Order Summary Report indicated an order dated 8/02/22 with no end date, directed, "...Patient needs to be shifted from side to side hourly never directly on this back...."</p> <p>Review Resident B's Care Plans included, but were not limited to, a Care Plan for the care of a pressure ulcer to the right buttock, initiated on 4/12/22 and updated on 8/03/22 to include the intervention to, "Shift [resident] side to side every hour not to be on his [sig] directly on his back."</p> <p>Review Resident B's "Documentation Survey</p>						

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	<p>Report v2," dated 8/01/22 through 8/26/22, which was the documentation for the residents hourly shifting (repositioning), indicated the resident was not documented as being shifted on the following date and times:</p> <p>8/04/22 from 6:00 A.M. to 1:00 P.M. 8/05/22 from 10:00 P.M. to 11:00 P.M. 8/06/22 from 12:00 A.M. to 5:00 A.M., 12:00 P.M. to 1:00 P.M., and 10:00 P.M. to 11:00 P.M. 8/07/22 from 12:00 A.M. to 5:00 A.M. and 10:00 P.M. to 11:00 P.M. 8/08/22 from 12:00 A.M. to 5:00 A.M. 8/10/22 at 5:00 A.M. and 10:00 P.M. to 11:00 P.M. 8/11/22 from 12:00 A.M. to 5:00 A.M. 8/12/22 from 2:00 P.M. to 11:00 P.M. and 9:00 P.M. to 11:00 P.M. 8/13/22 from 12:00 A.M. to 11:00 P.M. 8/14/22 from 12:00 A.M. to 5:00 A.M. and 9:00 P.M. to 11:00 P.M. 8/15/22 from 12:00 A.M. to 5:00 A.M., and 1:00 P.M. 8/16/22 from 6:00 A.M. to 1:00 P.M. 8/17/22 from 6:00 A.M. to 1:00 P.M. and 10:00 P.M. to 11:00 P.M. 8/18/22 from 12:00 A.M. to 5:00 A.M. 8/20/22 from 1:00 A.M. to 5:00 A.M. 8/22/22 from 6:00 A.M. to 1:00 P.M. and 11:00 P.M. 8/23/22 from 12:00 A.M. to 1:00 P.M. and 9:00 P.M. 8/24/22 from 6:00 A.M. to 1:00 P.M. 8/25/22 from 3:00 A.M. to 1:00 P.M. 8/26/22 from 2:00 P.M. to 11:00 P.M.</p> <p>A policy titled Pressure Injury Prevention and Management, dated 2022, was provided by the Director of Nursing on 9/29/22 at 2:30 P.M. and indicated this was the current facility policy. The policy indicated, "...Definitions: Pressure Ulcer/Injury...'Avoidable' means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following:</p>						

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F 0760 SS=D Bldg. 00	<p>evaluate the resident's clinical condition and risk factors; define and implement interventions that are consistent with resident needs...Interventions for Prevention and to Promote Healing...Redistribute pressure (such as repositioning...."</p> <p>On 9/29/22 at 2:30 P.M., and interview with the Director of Nursing indicated the resident's wound doctor ordered the resident needed to be repositioned every hour on 8/2/22. The Director of Nursing indicated Certified Nursing Aides should document the repositioning every hour.</p> <p>This Federal tag relates to complaint IN00390903.</p> <p>3.1-40(1)(2)</p> <p>483.45(f)(2)</p> <p>Residents are Free of Significant Med Errors</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed, specifically in regard to the application and removal of a transdermal medication patch, which resulted in a resident being sent to a local hospital for evaluation for 1 of 4 residents reviewed for medication administration, (Resident C).</p> <p>Findings include:</p> <p>On 9/27/22 at 10:55 A.M., Resident C's clinical records were reviewed.</p> <p>Resident C's Admission Record indicated the resident was admitted to the facility on 2/18/2022 with diagnoses that included, but were not limited to: Parkinson's Disease and chronic pain</p>		F 0760	<p>p="" paraid="1248968028" paraeid="{eea8f6f3-7cec-478b-befd-6e0bdcd4c5bb}{54}">Resident C was sent to ER for evaluation on 6.11.22 and was admitted to hospital with a UTI.</p> <p>All other residents with orders for transdermal medication patches were reviewed to ensure patches were being applied appropriately and removed as ordered. No other resident to have been affected by the deficient practice. Licensed nursing staff in-serviced on Administration of Transdermal Medication Patch Policy.</p> <p>DNS/designee to randomly audit</p>		10/28/2022	

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	<p>syndrome.</p> <p>Review of the Physician's Order Summary Report included, but was not limited to the following orders: Neupro Patch 24 hour 2 MG/HR (milligrams per hour). Apply 1 patch transdermally one time a day for Parkinson's and remove per schedule. Order start date 4/21/2022 and discontinue date 6/15/2022.</p> <p>Review of Resident C's Medication Administration Record (MAR), dated 6/1/2022 to 6/30/2022, indicated Neuro Patch 24 hour was removed at every evening at 6:59 P.M. from June 1, 2022 to June 10, 2022, and a new patch applied every evening at 7:00 P.M. from June 1, 2022 to June 10, 2022.</p> <p>Review of an Emergency Room report dated 6/11/22 at 11:31 P.M., indicated, " ...The patient has been increasingly more confused and lethargic for the past at least 12 hours. The patient is apparently on Neupro patch for his Parkinson's type symptoms and I am told that the staff at his nursing home facility did not remove the patches and the patient has arrived in this emergency department with a total of 4 patches on him ..."</p> <p>Review of an Emergency Room Elder & Dependent Adult Abuse and Neglect Medical Assessment, dated 6/11/22 at 5:50 P.M., indicated the resident had 4 Neupro 2MG/HR patches in place on arrival. A diagram of the location of the patches indicated 1 patch to the right chest area, 1 patch to the left chest area, 1 patch to the left upper arm, and 1 patch to the right shoulder area.</p> <p>Review of the instructions, "PATIENT INFORMATION NEUPRO ® [NU pro] (rotigotine transdermal system)," dated 6/06, located at</p>				<p>residents with orders for transdermal medication patches to ensure proper placement, removal, and number of patches as per order. These audits by observation to be completed 3 times weekly x 1 month, then 2 times weekly x 1 month, then weekly x 4 months. Results of these audits to be brought to QAPI x 6 months to monitor for compliance. If any issues then based on IDT recommendations.</p>		

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	<p>www.neupro.com, indicated; "...Each patch is sealed in a pouch to protect it until you are ready to apply it...NEUPRO should be applied right away after removing it from the protective pouch...Wear NEUPRO for 24 hours. After 24 hours, remove the patch and apply a new one right away to a different area of skin"</p> <p>On 9/29/22 at 1:30 P.M., a policy titled Administration of Transdermal Medication Patch, dated 2021, was provided by the Director of Nursing who indicated it was the current policy. The policy indicated, "...Policy Explanation and Compliance Guidelines:...Administration: a. Remove any previously applied transdermal patch by folding in half (sticky sides together) and discard as per facility policy...."</p> <p>On 9/27/22 at 1:30 P.M., an interview with the Director of Nursing indicated 24 hour transdermal patches were to be removed one minute before a new patch was applied.</p> <p>This Federal tag relates to complaint IN00383532.</p> <p>3.1-35(g)(1)</p>						