

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

PRINTED: 04/23/2025

FORM APPROVED

OMB NO. 0938-039

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 03/27/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for the Investigation of Complaint IN00456167.</p> <p>Complaint IN00456167 -- Federal/state deficiencies related to the allegations are cited at F842.</p> <p>Survey date: March 27, 2025</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 8 Medicaid: 65 Other: 15 Total: 88</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 28, 2025.</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 as a means to continuously improve the quality of care and comply with all applicable federal and state requirements.</p>		
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure complete and accurate documentation of residents' medication administration records (MARs) for 2 of 3 residents</p>			F 0842	<p>All residents that received medication administration have the potential to be affected.</p> <p>All residents that received</p>		04/25/2025

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

TITLE

(X6) DATE

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Transitional ED

04/14/2025

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>reviewed for medication administration. (Residents B and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/27/25 at 11:45 a.m. Her diagnoses included, but were not limited to, diabetes mellitus. She was admitted to the facility on 3/19/25 and discharged AMA (against medical advice) on 3/21/25.</p> <p>The physician's orders indicated to administer ten units of Lantus (insulin glargine) subcutaneously at bedtime, effective 3/19/25.</p> <p>The March 2025 MAR indicated the above medication was administered the evening of 3/19/25 but was blank for the 3/20/25 administration.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/27/25 at 1:30 p.m. She indicated if a medication was not signed off, it either wasn't administered or wasn't documented that it was administered.</p> <p>The nurse who worked the evening shift, of 3/19/25, and cared for Resident B was unavailable for interview.</p> <p>2. The clinical record for Resident D was reviewed on 3/27/2025 at 1:00 p.m. The medical diagnoses included emphysema and diabetes.</p> <p>A Quarterly Minimum Data Set assessment, dated 2/4/2025, indicated Resident D was cognitively intact and received insulin.</p> <p>A diabetes management care plan, revised 3/2/2025, indicated Resident D had diabetes mellitus. Interventions included to monitor</p>				<p>medication administration have the potential to be affected.</p> <p>Licensed clinical staff and QMA staff were educated on the guideline for Medication Administration to include but not limited to signing Medication Administration Record (MAR) timely following administration of medication.</p> <p>DNS or designee will review daily during clinical review the EMAR is complete with no omission of charting. These reviews to be conducted at least 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendations. If none noted, then will complete audits based on a prn basis.</p> <p>The date of correction will be 4/25/25</p>		

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	<p>Resident D's blood glucose as well as education about compliance and to document and report noncompliance.</p> <p>A respiratory care plan, revised 3/2/2025, indicated Resident D had emphysema and was at risk for impaired gas exchange. Interventions included to administer medications as ordered.</p> <p>A physician order, started on 7/5/2024 and discontinued on 3/25/2025, indicated Resident D received sliding scale insulin based upon the blood glucose reading. The order stated to inject as per sliding scale: if blood glucose was 150 - 200 to administer four units; if blood glucose was 201 - 250 to administer eight units; if blood glucose was 251 - 300 to administer 12 units; if blood glucose was 301 - 350 to administer 16 units; if blood glucose was 351 - 400 to administer 20 units; if blood glucose was above 400 to administer 25 units and recheck blood sugar in an hour, if blood glucose was still above 400 and then call the provider.</p> <p>Review of the March 2025 MAR, completed on 3/27/2025 at 1:30 p.m., indicated Resident D's 3/12/2025 6:30 a.m. administration of sliding scale insulin was blank as well as the associated blood glucose for the 3/12/2025 6:30 a.m. administration.</p> <p>During an interview on 3/27/2025 at 1:20 p.m., the Director of Nursing indicated if the administration was not documented on the MAR, she would expect that it was not completed. She was unsure why the 3/12/2025 administration of sliding scale insulin was not documented.</p> <p>A policy entitled "Medication Administration" was provided by the Executive Director on 3/27/2025 at 2:13 p.m. The policy indicated staff</p>						

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	were to, " ...Sign MAR after administration ..." This citation is related to Complaint IN00456167. 3.1-50(a)(1) 3.1-50(a)(2)						