

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

PRINTED: 04/01/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155390		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 816 N FIRST AVE EVANSVILLE, IN 47710			
(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 Complaints IN00450255, IN00450280, and IN00454852.</p> <p>Complaint IN00450255: No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00450280: No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00454852: Federal/state deficiencies related to the allegation(s) are cited at F698.</p> <p>Survey date: March 6 & 7, 2025</p> <p>Facility number: 000438 Provider number: 155390 AIM number: 100274170</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 2 Medicaid: 44 Other: 10 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 13, 2025.</p>		F 0000	<p>PLAN OF CORRECTION FOR WOODBRIDGE CARE CENTER F000 INITIAL COMMENTS.</p> <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.</p> <p>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 March 27, 2025.</p>			
F 0698 SS=D Bldg. 00	<p>483.25(l) Dialysis</p> <p>Based on interview and record review, the facility</p>		F 0698	F698		03/27/2025	

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

TITLE

(X6) DATE

Jacqueline Kristina Morris

Health Facility Administrator

03/26/2025

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 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>failed to ensure dialysis care was provided for 1 of 3 residents reviewed for dialysis. Routine assessments were not completed as ordered and the physician was not notified when a resident refused or stopped dialysis treatments early. (Resident B)</p> <p>Finding includes:</p> <p>During record review on 3/6/25 at 10:30 A.M., Resident B's diagnoses included, but were not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Resident B's most recent admission Minimum Data Set (MDS) assessment, dated 2/6/25, indicated the resident was cognitively intact and received dialysis services.</p> <p>Resident B's physician orders included, but were not limited to, dialysis treatment on Tuesdays, Thursdays, and Saturdays (started 2/1/25), monitor dialysis dressing for bleeding, every day and night shift for left dialysis permacath (started 2/1/25).</p> <p>Resident B's care plan included, but was not limited to, resident needs dialysis due to renal failure (started 2/21/25). Interventions included, but were not limited to observe permacath for placement routinely.</p> <p>Resident B's Treatment Administration Record (TAR) for February & March, 2025 indicated no monitoring of the resident's left dialysis permacath occurred on 2/14/25 night shift, 2/18/25 day shift, or 3/2/25 night shift.</p> <p>Resident B's dialysis/observation communication forms contained the following:</p>				<p>Dialysis</p> <p>What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents who refused dialysis updated and communicated to MD, updated in PCC, Care- plan reviewed and updated.</p> <p>Residents who receive dialysis orders updated with TAR/MAR triggered to monitor external dialysis catheter dressing is intact and not soiled.</p> <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> <p>All residents have the potential to be affected by the alleged deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>All licensed nursing staff and IDT will be re-educated and in-serviced on documentation of refusal of dialysis, notifying physician of refusal, MAR/TAR Documentation on monitoring of external dialysis catheters to ensure catheter dressing is intact and not soiled.</p> <p>Audits will be completed by the DNS/designees to ensure MAR/TAR are being completed for monitoring of external dialysis</p>		

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	<p>2/6/25 - Resident only stayed 1.5 hours. Resident left against medical advice (AMA).</p> <p>2/8/25 - Resident refused to stay. Resident left early AMA.</p> <p>2/13/25 - Resident requested early termination from dialysis treatment.</p> <p>2/15/25 - Resident refused dialysis treatment.</p> <p>Resident B's progress notes contained no documentation that the physician was notified on 2/6/25, 2/8/25, 2/13/25, or 2/15/25 when the resident refused or left dialysis AMA.</p> <p>During an interview on 3/7/25 at 11:15 A.M., LPN 4 indicated nursing staff assess a resident's dialysis access site daily and documented in the TAR or nurse's progress notes. If a resident refused dialysis or left dialysis before their treatment was completed, the resident's physician should be notified and the notification should be documented.</p> <p>On 3/7/25 at 9:20 A.M., the facility administrator supplied a facility policy titled, "Hemodialysis" dated, 2024. The policy indicated, "8. The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications... 10. The facility will communicate with the attending physician, dialysis facility and/or nephrologist of any canceled or postponed dialysis treatments and document any responses to the changes in treatment in the medical record... 16. Residents with external dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled..."</p> <p>This citation relates to complaint IN00454852.</p> <p>3.1-37(a)</p>				<p>catheter dressing placement and not soiled.</p> <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> <p>To ensure compliance, the ED or designees will be responsible for the audit tools to include documentation of refusal including MD notifications of refusal, MAR/TAR documentation of monitoring of external dialysis catheter dressing placement and no soiled weekly times 4 weeks, monthly times 6 months and then quarterly until continued compliance is maintained. If threshold of 100% is not achieved an Action Plan will be developed to ensure compliance.</p> <p>*We are requesting paper compliance for tag F698</p> <p>Date of Compliance: March 27, 2025</p>		

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