

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2022
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373594 and IN00375536.</p> <p>Complaint IN00373594 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00375536 - Substantiated. Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Survey date: March 28, 2022</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 128 Total: 128</p> <p>Census Payor Type: Medicare: 3 Medicaid: 103 Other: 22 Total: 128</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 29, 2022.</p>	F 0000	<p>The submission of this Plan of Correction does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Golden Living—Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only.</p> <p>We are respectfully requesting paper compliance for this survey (survey event ID 4J7V11). We are requesting a desk review with paper compliance.</p>	
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this</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>subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to ensure residents' property was not misappropriated when a hospitality aide admitted to taking 2 residents' prescription medications from the facility that he received from a nurse working in the facility. (Hospitality Aide 1, LPN 2, Resident B, Resident C)</p> <p>Finding includes:</p> <p>During an interview on 3/28/22 at 12:10 P.M., the Director of Nursing (DON) indicated a Hospitality Aide 1 admitted to getting 2 residents' medications from Licensed Practical Nurse (LPN) 2 that worked in the facility. Hospitality Aide 1 had brought several empty medication packets, with Resident B and Resident C's identifiers on the packets, back to the facility. He told the facility he dumped the pills. LPN 2 had denied taking any medications then she didn't return to the facility and stopped responding to the facility's phone calls.</p> <p>On 3/28/22 at 9:56 A.M., the DON provided a copy of an investigation report, dated 12/15/21, and indicated this was the investigation that was completed regarding Resident B and Resident C's medications. A review of the document indicated the police department had been contacted. An investigation revealed Hospitality Aide 1 had possession of 5 medication packages from an automated medication dispensing unit. Of the 5 packages, 4 were empty and were labeled with Resident B's information. The packages had contained clonazepam (a controlled anti-anxiety</p>	F 0602	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident C was discharged from the facility prior to the incident on 8/28/21. Resident B was interviewed about receiving his medications. Resident B does not recall a time when he did not receive his medication. Social Services followed up with no psychosocial distress noted.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents with scheduled and PRN pain medication and anxiolytics have the potential to be affected. Pain assessments were completed on residents who receive scheduled and PRN pain medications. Social Services interviewed residents who receive anxiolytics about receiving their medications. No complaints were voiced by residents about not receiving medications. No further issues were noted.</p>	04/14/2022

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	<p>medication). Hospitality Aide 1 had admitted he had emptied the packages contents when he thought he was going to be pulled over by a policeman. Hospitality Aide 1 returned one package with Resident C's information. The package for Resident C contained tramadol (a controlled pain medication). The Hospitality Aide indicated that he had received the medication packages from LPN 2, in an empty parking lot next to the facility.</p> <p>During an interview on 3/28/22 at 8:50 A.M., Resident B indicated he believed he had been receiving his medications as ordered and could not remember if any of his medication had been taken in the past.</p> <p>The clinical record for Resident B was reviewed on 3/28/22 at 10:15 A.M. The diagnoses included, but were not limited to, general anxiety disorder and convulsions. The Annual Minimum Data Set (MDS) assessment, dated 3/4/22, indicated Resident B was cognitively intact.</p> <p>A Physician's order ,with a start date of 8/3/21 indicated: Clonazepam 1 mg (milligram), 3 times daily, related to tremors.</p> <p>The clinical record for Resident C was reviewed on 3/28/22 at 10:30 A.M. The diagnoses included, but were not limited to, fracture of lumbar vertebrae and diabetes mellitus. An Admission MDS assessment, dated 7/27/21, indicated Resident C was cognitively intact.</p> <p>A Physician's order, with a start date of 7/20/21 indicated: Tramadol 50 mg, 3 times daily related to fracture of lumbar vertebrae.</p>		<p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Education was completed with nursing about removal of medications from narcotic drawer, orders being discontinued and medications being destroyed per the policy (Discrepancies, Loss and/or Diversion of Medications—exhibit A and Controlled Substance Administration and Accountability—exhibit B). Ed. All other nursing staff were educated on reporting to ED/DNS of possible drug diversions.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie,quality assurance program will be put into place; and The DON or Designee will audit the narcotic count sign off sheets (exhibit C) daily for 4 weeks, then 3 times a week for 4 weeks, then weekly for 4 months. Narcotics will be removed and destroyed upon order received from MD/NP in the facility per policy and will be audited by Exhibit D daily for 4 weeks, then 3 times weekly for 4 weeks, then weekly for 4 months. The audits will be submitted to the</p>	

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	<p>On 3/28/22 at 1:50 P.M., the facility was unable to provide a policy regarding misappropriation of residents' medications by survey exit.</p> <p>This Federal tag is related to Complaint IN00375536.</p> <p>3.1-28(a)</p>		<p>QAPI committee monthly for review. If 100% compliance is achieved at the end of six months then the monitoring will be considered complete for that cycle. If 100% compliance is not achieved then monitoring will continue until 100% compliance has been achieved for 3 straight months. Once that is achieved monitoring will be considered complete.</p> <p>By what date the systemic changes for each deificiency will be completed;</p> <p>4/14/2022</p>		