

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155384	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - LINCOLN HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 402 19TH STREET TELL CITY, IN 47586	
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00429891 and IN00427204.</p> <p>Complaint IN00427204: Deficiencies related to the allegations are cited at F 880.</p> <p>Complaint IN00429891: No deficiencies are cited related to the allegations.</p> <p>Survey date: March 4 & 5, 2024</p> <p>Facility number: 000411 Provider number: 155384 AIM number: 100275100</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 5 Medicaid: 51 Other: 11 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 12, 2024.</p>		F 0000	<p>Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by the conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents.</p> <p>We would like to respectfully request a desk review.</p>
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure that infection</p>		F 0880	What corrective action will be accomplished for those residents found to have been affected by the
			04/05/2024	

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

TITLE

(X6) DATE

Julie Pennington

Executive Director

03/21/2024

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>control measures were implemented according to the plan of care for a resident with an active urinary tract infection (UTI). Staff failed to don appropriate personal protective equipment when providing care for a resident with an active UTI caused by an organism that required advanced barrier precautions. (Resident B)</p> <p>Finding includes:</p> <p>During record review on 3/5/24 at 10:00 A.M., Resident B's diagnoses included, but were not limited to muscle wasting and atrophy, type II diabetes, cognitive communication deficit, weakness, and unsteadiness on feet.</p> <p>Resident B's most recent Quarterly MDS (Minimum Data Set) Assessment, 2/8/24, included that the resident was frequently incontinent of bladder and always incontinent of bowel, and that Resident B required substantial assistance with toileting hygiene.</p> <p>Resident B's physician orders included, but were not limited to; trimethoprim / sulfamethoxazole (antibiotic) 800 - 160 mg (milligrams) 1 tablet by mouth two times a day for UTI from 3/3/25 to 3/8/24, and contact precautions due to ESBL (extended spectrum beta-lactamase) in urine every day and night shift from 3/3/24 to 3/8/24.</p> <p>During an observation on 3/5/24 at 9:00 A.M., CNA 4 entered Resident B's room to provide assistance with toileting. A stop sign hanging on the wall next to Resident B's doorway read, "Contact Precautions" with instruction to put on gloves and gown. CNA 4 washed their hands and put on gloves. CNA 4 then assisted Resident B into the restroom in the resident's room. CNA 4 assisted Resident B stand from a wheelchair and</p>			<p>deficient practice? Gown and gloves will be worn with care for Resident B.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken? The facility recognizes that all residents have the potential to be affected by this deficient practice. Gown and gloves will be worn for all residents that have the enhanced barrier precautions.</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? Enhanced barrier precaution education will be provided for all nursing staff and audits will be conducted to ensure isolation precautions are in place and used on all residents with enhanced barrier precautions. Audits will be conducted 5x per week for one month, 4x per week for one month, 3 times per week for one month, 2 times per week for one month and 1x per week for two months.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. what assurance program will be put into place? Audits will be reviewed in the QAPI meeting monthly x 6</p>

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	<p>pulled their pants and briefs down. While holding Resident B's right arm CNA 4 lowered her to the commode. While Resident B was sitting on the commode, CNA removed the Resident's brief, applied a new brief. When Resident B's was finished toileting, CNA 4 assisted the resident to stand from the commode, provided peri care, and lifted the resident's brief and pants up. CNA 4 and Resident B both washed their hands and CNA 4 assisted Resident B back into their room near the bed.</p> <p>During an interview on 3/5/24 at 9:10 A.M., CNA 4 indicated that resident B was on contact precautions at night only while the resident's CPAP (continuous positive airway pressure) machine was in use.</p> <p>During an interview on 3/5/24 at 10:35 A.M., the Infection Preventionist (IP) indicated that if a resident is on contact precautions due to a UTI, staff should wear a gown and gloves while providing care if they could come in contact with bodily fluids and if toileting the resident.</p> <p>On 3/5/24 at 11:10 A.M., the DON (Director of Nursing) supplied a facility policy titled, Transmission-Based (Isolation) Precautions, dated 2024. The policy included, "It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens modes of transmission... 1. Facility staff will apply Transmission-Based Precautions, in addition to standard precautions, to resident who are known or suspected to be infected or colonized with certain infectious agents requiring additional controls to prevent transmission... 10. Contact Precautions- ...c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may</p>			months or until no further corrective action is needed.

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	involve contact with resident or potentially contaminated areas in the resident's environment..." This citation relates to complaint IN00427204. 3.1-18(b)			