

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

PRINTED: 12/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155076		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/09/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BROOKVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7145 E 21ST STREET INDIANAPOLIS, IN 46219			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00392569 and IN00396362.</p> <p>Complaint IN00392569 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00396362 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-600 & F-9999.</p> <p>Survey dates: December 7, 8, & 9, 2022</p> <p>Facility number: 000031 Provider number: 155076 AIM number: 100266150</p> <p>Census Bed Type: SNF/NF: 76 Total: 76</p> <p>Census Payor Type: Medicare: 6 Medicaid: 49 Other: 21 Total: 76</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 12, 2022</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during Complaint Survey ending on 12/9/2022. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident</p>						

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

TITLE

(X6) DATE

Justin P. Vogt

Executive Director

12/21/2022

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>property, and exploitation as defined in this 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>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on interview and record review the facility failed to prevent verbal abuse and provide psychosocial support to a resident after a nurse yelled, cussed and argued with the resident and took the resident's items away from her for 1 of 6 residents reviewed for abuse (Resident G).</p> <p>Finding include:</p> <p>Review of the facility reportable's on 12/7/22 at 2:25 p.m., indicated the the facility reported to the Indiana Department of Health on 10/13/22 at 4:40 p.m., that LPN 1 was rude to Resident G. There were two staff statements in the investigation and were as followed:</p> <p>1.) CNA 4 statement (no date or time) indicated on 10/12/22 around 7:00 p.m., LPN 1 "snatched" Resident G's property out of her hands and told her that it was not her belongings and called her a b----, LPN 1 was yelling and cursing at the resident. After everything calmed down LPN 1 realized that the property she took from the resident was not stolen and was Resident G's property, LPN 1 gave the resident 5 dollars to buy more snacks.</p> <p>2.) CNA 8 statement dated 10/17/22 (no time), indicated LPN 1 took Resident G's Halloween bucket and the resident was trying to get it back.</p>		F 0600	<p>F 600 Free from Abuse and Neglect</p> <p>1.) The resident has been discharged from the facility.</p> <p>2.) All residents have the potential to be affected by the alleged deficient practice.</p> <p>3.) Administrator/designee has educated staff on the facility's Abuse, Neglect and Exploitation Policy. The Social Services Director has been educated by the Administrator on providing psychosocial follow-up regarding any abuse allegations.</p> <p>4.) The Social Services Director/designee will interview 5 residents a week regarding abuse for 4 weeks then 3 residents a week for 4 weeks. The Administrator/designee will interview 5 staff members a week for 4 weeks then 3 staff members for 4 weeks. The Social Services Director will complete psychosocial follow-up on residents who have had adverse psychological events. The</p>		01/04/2023	

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	<p>Resident G called LPN 1 a b---- and LPN 1 replied your mothers a b----.</p> <p>During an interview with LPN 9 on 12/7/22 at 2:58 p.m., indicated on 10/12/22 she was leaving work and Resident G was in the front lobby with two CNA's, the resident was yelling and cussing saying "they stole my pumpkin". There was a police officers leaving the building.</p> <p>During an interview with QMA 10 on 12/8/22 at 12:08 p.m., indicated on 10/12/22 she heard yelling and screaming coming from Resident G's room. QMA 10 indicated a staff member stepped out of the resident's room and waved for me to come to the room. LPN 1 was telling Resident G to give her the pumpkin and Resident G told her it was her pumpkin and was yelling and cussing. LPN 1 stated to the resident "I am not your mother f----- b----". QMA 10 had LPN 1 leave the room. The resident was yelling "I bought this stuff with my own money call the police". QMA 10 called the Administrator and he told me to go ahead and call the police so the resident would calm down. The resident wanted to leave the facility so I had the CNA's pack her belongings. The police came and would not take the resident because she had no family and no where to go. Two CNA's went to the store and bought Resident G another pumpkin. Resident G was crying and a CNA told the resident she would get her some candy to put in her pumpkin and the resident started calming down.</p> <p>During an interview with CNA 11 on 12/8/22 at 1:04 p.m., indicated on 10/12/22, she did not witness the incident between Resident G and LPN 1 except at the end of the argument and she seen LPN 1 "snatch" the resident's snacks out of her hand." The resident was crying so CNA 11 went</p>				Administrator/designee will ensure psychosocial follow-up is complete for residents requiring psychosocial follow-up. Audits will be submitted to QAPI monthly for 6 months. The facility, through the QAPI program, will review, update and make changes to the plan of correction as needed for sustaining substantial compliance for no less than 6 months.		

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	<p>and bought the resident some snacks.</p> <p>During an interview with CNA 7 on 12/8/22 at 1:05 p.m., indicated she could not remember the specific date of the incident, but she heard yelling and came out of another resident's room to see what was going on. Resident G was yelling LPN 1 took her pumpkins. CNA 7 heard LPN say I am sick of this b----.</p> <p>During an interview with CNA 8 on 12/8/22 at 1:11 p.m., indicated on 10/12/22 she witnessed LPN 1 "snatched" Resident G's pumpkin out of her hand. Resident G was cussing and LPN 1 said to the resident your mother is a mother f----. LPN 1 was cussing at Resident G while QMA 10 was on the phone with the Administrator.</p> <p>During an interview with LPN 2 on 12/8/22 at 1:19 p.m., indicated on 10/12/22 LPN 1 and Resident G was arguing. LPN 1 took Resident G's belongings and told her that she had stolen them. Resident G was saying it was her belongings. LPN 1 called Resident G a b---- and a liar. QMA 10 had LPN 1 leave the room and told her she was not allowed to say that to the resident. Resident G wanted to the police called so she could leave the facility, but the police came and did not do anything. When LPN 1 realized the belongings were Resident G's she gave the resident either 5 or 10 dollars to replace the items.</p> <p>During an interview with the Unit Manager on 12/8/22 at 2:25 p.m., indicated on 10/13/22, Resident G reported to her that LPN 1 had called her a b---- on 10/12/22. I reported it immediately to the Administrator.</p> <p>During an interview with CNA 4 on 12/8/22 at 2:27 p.m., indicated on 10/12/22, Resident G came back</p>						

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	<p>to the facility from a store, the resident had bought two Halloween pumpkins. LPN 1 "snatched" them from her and said she had stolen them. CNA 4 heard LPN 1 cuss at the resident.</p> <p>During an interview with the Administrator on 12/9/22 at 1:00 p.m., the facilities expectation when verbal abuse occurs would be the incident would be reported to me immediately. The charge nurse would of been responsible for supervision of staff on that shift for identifying inappropriate staff behaviors. The Social Service Director would be responsible to provide psychosocial assessment and support to Resident G after the incident on 10/12/22.</p> <p>During an interview with the Director Of Nursing (DON) on 12/9/22 at 1:32 p.m., indicated there was no psychosocial assessment or support provided to Resident G after the incident on 10/12/22.</p> <p>Review of the record of Resident G on 12/8/22 at 11:55 a.m., indicated the resident's diagnoses included, but were not limited to, muscle wasting and atrophy, anxiety disorder, traumatic brain injury, hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side, muscle weakness, hypertension, major depression disorder, insomnia, depression and chronic obstructive disease.</p> <p>The Admission Minimum Data Set (MDS) for Resident G, dated 9/19/22, indicated the resident was cognitively intact for daily decision making.</p> <p>The abuse policy provided by the DON on 12/7/22 at 12:00 p.m., indicated the facility would provide protections for the health, welfare and rights of each resident. Verbal abuse means the use of oral, written or gestured communication or sounds that</p>						

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F 9999 Bldg. 00	<p>willfully includes disparaging and derogatory terms to residents. The facility would assign responsibility for the supervision of staff on all shifts to identify inappropriate staff behaviors. The facility would make efforts to ensure all residents are protected from physical and psychosocial harm. Examine the alleged victim for any signs of injury, including a physical examination or psychosocial assessment if needed.</p> <p>This Federal tag relates to Complaint IN00396362.</p> <p>3.1-27(b)</p> <p>410 IAC 16.2-3.1-14 Personnel</p> <p>Sec. 14. (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 6 of 7 employees reviewed had reference checks upon hire. (LPN 1, LPN 2, CNA 3, CNA 4, CNA 5 and CNA 6)</p> <p>Findings include:</p> <p>Employee files were reviewed on 12/9/22 at 10:00</p>			F 9999	<p>The facility obtains reference checks, to provide a first and second step tuberculin test within 90 days of the start of employment and annual tuberculin testing for all employees.</p> <p>Annual TBs and Reference Checks have been completed.</p> <p>BOA, DNS and Unit Manager educated related to state requirements for employment.</p> <p>BOA or designee will audit new employee files every two weeks to ensure state requirements are complete and included in file. This will be the continued practice of the facility. QAPI will continue to review monthly for 6 months until</p>		01/04/2023

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	<p>a.m. The following employee files failed to include results of the reference checks:</p> <p>1. LPN 1 was hired on 4/26/22 and had a "Reference Check Authorization Form" in her employee file that was not dated. The form included, but was not limited to: "In connection with my application for employment, I understand and agree that background inquiries may be requested by (name of corporation) that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. (Name of Corporation) has my consent to review my previous employment by calling my previous employers, supervisors, and others in order to assist with an employment decision. I hereby give my consent and authorize my previous employers or any other references to respond to and release the information requested by (Name of Corporation) regarding my previous employment...."</p> <p>LPN 1 did not have any completed reference checks in the employee file.</p> <p>2. LPN 2 was hired on 6/30/22. An undated "Reference Check Authorization Form" was in her employee file. LPN 2 did not have any completed reference checks in her employee file.</p> <p>3. CNA 3 was hired on 8/2/22. An undated "Reference Check Authorization Form" was in her employee file. CNA 3 did not have any completed reference checks in her employee file.</p> <p>4. CNA 4 was hired on 2/15/22. An undated "Reference Check Authorization Form" was in her employee file. CNA 4 did not have any completed</p>				IDT has deemed practice meets requirements.		

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	<p>reference checks in her employee file.</p> <p>5. CNA 5 was hired on 9/13/22. An undated "Reference Check Authorization Form" was in her employee file. CNA 5 did not have any completed reference checks in her employee file.</p> <p>6. CNA 6 was hired on 8/21/22. An undated "Reference Check Authorization Form" was in her employee file. CNA 6 did not have any completed reference checks in her employee file.</p> <p>On 12/9/22, at 10:07 a.m., the Administrator indicated they have that issue with all employee records except one that was pulled to review, that they have a "Reference Check Authorization Form" in the employee files but no results for the reference checks.</p> <p>A policy for abuse was provided by the Director Of Nursing on 12/7/22 at 12:00 p.m., included, but was not limited to, "...The components of the facility abuse prohibition plan are discussed herein: Screening: Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Screenings may be conducted by the facility itself, third-party agency or academic institution. The facility will maintain documentation of proof that the screening occurred...."</p> <p>This state tag relates to Complaint IN00396362.</p>						