

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

PRINTED: 10/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155136		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - TERRACE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1900 ANDREW AVE LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00403533, IN00408907, IN00409405, IN00410986, and IN00417431.</p> <p>Complaint IN00403533 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00408907 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00409405 - Federal/State deficiencies related to the allegations are cited at F773.</p> <p>Complaint IN00410986 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00417431 - Federal/State deficiencies related to the allegations are cited at F758.</p> <p>Survey dates: September 25, 26, and 27, 2023</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Census Bed Type: SNF/NF: 123 Total: 123</p> <p>Census Payor Type: Medicare: 7 Medicaid: 97 Other: 19 Total: 123</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>Brickyard Terrace Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p>		

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

TITLE

(X6) DATE

Tiffany Shepperd

Executive Director

10/10/2023

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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F 0758 SS=D Bldg. 00	<p>Quality review completed on 9/29/23.</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as</p>						

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	<p>provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on record review and interview, the facility failed to ensure side effects for antipsychotic medications were monitored for 1 of 3 residents reviewed for unnecessary medications. (Resident J)</p> <p>Finding includes:</p> <p>The record for Resident J was reviewed on 9/26/23 at 1:58 P.M. Diagnoses included, but were not limited to, heart failure, asthma, respiratory failure, diabetes, and cirrhosis (liver failure).</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 8/4/23, indicated the resident was cognitively intact. In the last 7 days, the resident received antipsychotic, anti-anxiety, and antidepressant medications 7 times.</p> <p>A Care Plan, dated on 8/14/23, indicated the resident used anti-anxiety medication, hypnotic medication and antidepressant medication. The approaches were to observe for side effects of each of the medications.</p> <p>A Physician's order, dated 7/29/23 and updated on 9/25/23, indicated Bupropion (an anti-depressant</p>			F 0758	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident J monitoring orders placed for signs and symptoms of side effects r/t psychotropic medication use. No adverse effect from alleged deficient practice.</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 current residents receiving psychotropic medications have the potential to be affected by this alleged deficient practice. All residents on psychotropic medications were audited to ensure monitoring orders are in place. Full house audit completed for all residents that use psychotropic medications.</p> <p>What measures will be put into place or what systematic</p>		09/28/2023

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	<p>medication) 150 milligrams (mg) to be given by mouth one time a day for depression.</p> <p>A Physician's order, dated 7/29/23 and updated on 9/25/23, indicated Buspirone (an anti-anxiety medication) 15 mg to be given by mouth two times a day for anxiety disorder.</p> <p>A Physician's order, dated 7/29/23, indicated Aripiprazole (an antidepressant medication) 15 mg be given by mouth in the morning for depression.</p> <p>There were no orders to monitor for signs and symptoms of side effects for the use of the psychotropic medications.</p> <p>The Medication Administration Records (MAR's) from July through September 2023, indicated the Bupropion and Buspirone were administered every day from 7/29/23 to 9/27/23. Aripiprazole was administered every day from 7/29/23 to 8/18/23 when the medication was discontinued.</p> <p>The 7/2023, 8/2023 and 9/2023 MAR's, indicated there was no documentation of the monitoring of signs and symptoms of side effects for the psychotropic medications.</p> <p>Interview with the Director of Nursing (DON) on 9/27/23 at 9:25 a.m., indicated the policy for monitoring antipsychotics, antidepressants, and anti-anxiety medications was to have a monitoring for side effects order and a care plan in place for each medication.</p> <p>Interview with the DON on 9/27/23 at 12:39 p.m., indicated she was aware they should have been monitoring the resident for medication side effects.</p>				<p>changes will you make to ensure that the deficient practices do not recur?</p> <p>All clinical staff were educated on obtaining monitoring orders for psychotropic medication use.</p> <p>Director of nursing /designee will audit 5 residents receiving psychotropic medications 5x each week x 6 months to ensure monitoring orders are in place for signs and symptoms of side effects.</p> <p>Audits will include all shifts, units, and weekends.</p> <p>How will corrective actions(s) be monitored to ensure the deficient practice will not occur, i.e., what quality assurance program will be put into place?</p> <p>The Director of nursing / designee will complete audit tool to reflect proper monitoring and orders are in place using attached audit sheet.</p> <p>The Director of Nursing / Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p>		

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F 0773 SS=D Bldg. 00	<p>This Federal tag is related to Complaint IN00417431.</p> <p>3.1-48(a)(3)</p> <p>483.50(a)(2)(i)(ii) Lab Svcs Physician Order/Notify of Results §483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>Based on record review and interview, the facility failed to ensure labs were completed as ordered and the Physician was notified of the results for 2 of 3 residents reviewed for lab services. (Residents G and D)</p> <p>Findings include:</p> <p>1. Resident G's record was reviewed on 9/26/23 at 12:45 p.m. The resident was admitted on 9/22/23. Diagnoses included, but were not limited to, congestive heart failure, cardiomyopathy and hypertension.</p> <p>A Physician's Order, dated 9/22/23, indicated to obtain a CMP (complete metabolic panel), a CBC with diff (complete blood count with differential), folate, TSH (thyroid stimulating hormone), hemoglobin A1C (a lab to monitor blood sugar control) and a vitamin D level on 9/25/23.</p>			F 0773	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident G and D labs completed, and the physician was notified. No ill effect from alleged deficient practice.</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 current residents in the facility have the potential to be affected by this alleged deficient practice. A full house audit was completed to ensure all residents' lab results documented and</p>		09/28/2023

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	<p>There was no documentation the lab draw had been completed on 9/25/23, why it had not been completed or if it was rescheduled.</p> <p>Interview with LPN 1 on 9/26/23 at 2:20 p.m., indicated labs had not been completed for the resident.</p> <p>At 2:30 p.m., the Nurse Consultant was notified of the above and asked to confirm if that was correct.</p> <p>A General Note, dated 9/26/23 at 2:59 p.m., indicated, "during lab review it was noted the CMP, CBC with diff, Folate, TSH, and A1C was not drawn. Physician, responsible party and lab were notified, and rescheduled for 9/27/23."</p> <p>Interview with the Director of Nursing, on 9/27/23 at 8:35 a.m., indicated the lab service had come on 9/25/23 to draw the ordered tests, but they did not have a social security number (SSN) for the resident so they were unable to do it. They came this morning and obtained the lab draw.</p> <p>Interview with the Unit Manager, on 9/27/23 at 10:45 a.m., indicated she was asked yesterday to put in a progress note that the labs had not been completed on Monday. During the interview, she phoned the lab to confirm they had been drawn this morning. She asked why they had not been completed on Monday and the lab staff indicated they did not have the resident's SSN. She did not know if the lab had notified the facility. 2. The record for Resident D was reviewed on 9/25/23 at 2:00 p.m. Diagnoses included, but were not limited to, congestive heart failure, hyperlipidemia (elevated lipids), anemia, and urinary tract infection.</p>		<p>physician notification documented in the medical record.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practices do not recur?</p> <p>All clinical staff were educated on documenting lab results and physician notification.</p> <p>Director of nursing /designee will audit 5 residents 5x each week x 6 months to ensure lab results and physician notification is completed.</p> <p>Audits will include all shifts, units and weekends.</p> <p>How will corrective actions(s) be monitored to ensure the deficient practice will not occur, i.e., what quality assurance program will be put into place?</p> <p>The Director of nursing / designee will complete audit tool to reflect proper lab result documentation and notification using attached audit sheet.</p> <p>The Director of Nursing / Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p>				

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	<p>The Admission Minimum Data Set (MDS) assessment, dated 3/10/23, indicated the resident was cognitively intact and he had received antibiotics during the assessment reference period.</p> <p>The resident had a complete blood count (CBC) with differential drawn on 4/19/23. The resident's red blood cells, hemoglobin (a protein contained in the red blood cells) and hematocrit (measures the volume of red blood cells) were low. There was no documentation the Physician was notified of the abnormal laboratory results.</p> <p>The resident had a lipid panel (a blood test that measures the amount of certain fat molecules in the blood) completed on 4/25/23. The resident's triglycerides were high and his HDL (good cholesterol) was low. There was no documentation the Physician was notified of the abnormal laboratory results.</p> <p>Interview with the Director of Nursing on 9/27/23 at 1:30 p.m., indicated the Physician or the Nurse Practitioner should have been notified of the abnormal lab results.</p> <p>This Federal tag relates to Complaint IN00409405.</p> <p>3.1-49(f)(1) 3.1-49(f)(2)</p>						