

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00452650 and IN00455179.</p> <p>Complaint IN00452650 - Federal/state deficiencies related to the allegations are cited at F550 and F558.</p> <p>Complaint IN00455179 - Federal/state deficiencies related to the allegations are cited at F561, F656 and F881.</p> <p>Survey dates: March 17 and 18, 2025</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 3 Medicaid: 53 Other: 30 Total: 86</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 19, 2025.</p>		F 0000	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission with the facts and conclusions set fourth in the survey report. Our Plan of Correction was prepared and executed to continuously improve care quality and comply with all applicable federal and state requirements.</p> <p>The facility respectfully requests a desk review of our responses to this survey.</p>			
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on interview and record review, the facility failed to provide showers and/or baths to prevent</p>		F 0550	<p>Provide showers and or baths to prevent body odor and failed to</p>		04/14/2025	

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

TITLE

(X6) DATE

Keary Dye

Transitional ED

04/03/2025

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>body odor and failed to provide incontinent care timely to a resident to promote dignified care for 1 of 3 residents reviewed for activities of daily living (Resident C).</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 3/17/25 at 12:25 p.m. The diagnoses included, but were not limited to, respiratory failure, chronic respiratory failure with hypoxia, morbid (severe) obesity, diabetes, age related debility.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident C, dated 1/15/25, indicated the resident was cognitively intact for daily decision making. The resident was dependent for showers/bathing, substantial/maximal assistance for upper dressing, and dependent for lower body dressing. The resident had no behavior consisting of rejection of care. The resident was frequently incontinent of their bowels and bladder.</p> <p>During an interview with Resident C's family member on 3/17/25 at 2:07 p.m., they indicated the facility was not providing the resident with sufficient showers/bathing. The family member visited the resident 3-4 times a week. The resident always smelled of body odor and urine. The resident had two other family members that visited frequently, and they reported the same thing when they visited. The resident reported the staff were not providing showers/bathing or changing their incontinent brief. This was embarrassing for the resident. The facility was not treating Resident C with dignity, and this was disrespectful to the resident. Resident C did not have control of their bladder or bowels. The family member took a magic marker and marked the resident's</p>				<p>provide incontinent care timely to a residents timely to promote dignified care.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Audits will be completed to ensure showers and or baths are provided to prevent body odor and provide incontinent care timely to ensure residents are provided dignified care.</p> <p>Education will be completed with staff regarding: Provide showers and or baths and incontinent care timely to promote dignified care.</p> <p>Ongoing audits on various shifts to be completed by DON or designee to monitor completion of providing showers and timely incontinent care. The audits to be completed 5 times weekly for 4 weeks, 3 times weekly for 4 weeks and weekly to be completed for 6 months.</p> <p>The results of these audits to be reviewed at QAPI for 6 months to track for any trends. If any identified will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>4/14/25</p>		

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F 0558 SS=E Bldg. 00	<p>incontinent brief. Two family members came back, on the third day, and Resident C still had the incontinent brief with the magic marker mark on it. The second family member reported this to the nursing staff, and they changed the resident.</p> <p>The resident rights policy provided by the Director of Nursing (DON), on 3/18/25 at 9:18 a.m., indicated the resident had the right to respect and dignity.</p> <p>This citation relates to Complaint IN00452650.</p> <p>3.1-3(t)</p> <p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with their preference to have the capability to open their bedroom window to get fresh air for 4 of 5 residents reviewed for accommodation of needs/preferences (Resident C, Resident E, Resident F, and Resident B).</p> <p>Findings include:</p> <p>1. Review of the clinical record of Resident C, on 3/17/25 at 12:25 p.m., indicated the resident's diagnoses included, but were not limited to, respiratory failure, chronic respiratory failure with hypoxia, morbid (severe) obesity, diabetes, age related debility.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident C, dated 1/15/25, indicated the resident was cognitively intact for daily decision making. The resident had no</p>			F 0558	<p>The facility will provide residents with preference to have the capability to open their bedroom window to get fresh air.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Audits will be completed all of the windows to ensure they will open.</p> <p>The Maintenance Director or designee will conduct audits to ensure the windows will open.</p> <p>The Maintenance director or designee will that fix the windows that are not able to open.</p> <p>The maintenance director or designee will review the results to</p>		04/11/2025

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	<p>behavior consisting of wandering. It was important to the resident to get fresh air when the weather was good.</p> <p>During an interview with Resident C's family member on 3/17/25 at 2:07 p.m., they indicated the resident was hot one day and requested for the family member to open their window to get some fresh air. Resident C's window was screwed shut and the family member was unable to open it.</p> <p>2. During an observation and interview with Resident E on 3/17/25 at 10:55 a.m., the resident indicated they noticed they had screws in their window and was unable to open it. Observation the resident's window noted the window was screwed shut. The resident indicated they had always lived in the country and enjoyed a good breeze. The resident indicated they wanted to be able to open the window in their room.</p> <p>Review of the clinical record of Resident E, on 3/17/25 at 3:34 p.m., indicated the resident's diagnoses included, but were not limited to, chronic kidney disease, pleural plaque without asbestos, left ventricular failure, anemia, hypertensive heart disease, and respiratory failure with hypoxia.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident E, dated 1/11/25, indicated the resident was moderately impaired for daily decision making. The resident had the ability to make themselves understood and understood others. It was important to the resident to get fresh air when the weather was good.</p> <p>The elopement assessment for Resident E, dated 1/11/25, indicated the resident was not at risk of elopement.</p>				<p>be reviewed at QAPI to track for any trends. If any identified will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>4-11-25</p>		

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	<p>3. During an observation and interview with Resident F on 3/17/25 at 11:05 a.m., the resident's window in their room would not open. Resident F indicated they would "definitely" like to have some fresh air when the weather was nice. The resident indicated they thought it was "strange" they could not open the window in their room.</p> <p>Review of the clinical record of Resident F, on 3/18/25 at 12:11 p.m., indicated the resident's diagnoses included, but were not limited to, hypertensive heart disease, diabetes, anxiety, muscle weakness, depression, and morbid (severe) obesity.</p> <p>The elopement risk assessment for Resident F, dated 1/7/25, indicated the resident was not at risk for elopement.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident F, dated 1/14/25, indicated the resident was cognitively intact for daily decision making.</p> <p>4. The clinical record of Resident B was reviewed on 3-17-25 at 11:45 a.m. Her diagnoses included, but were not limited to, diabetes with neuropathy and abnormal gait and mobility. Her most recent Minimum Data Set assessment, dated 1-30-25, indicated she was cognitively intact. Her most recent elopement risk assessment, dated 8-14-24, indicated she was not at risk for elopement.</p> <p>In an interview with Resident B on 3-17-25 at 2:02 p.m., she indicated she enjoyed having her room window open when the weather was nice, to allow fresh air in. Resident B indicated she was unable to open her room window as it was nailed or screwed closed.</p>						

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	<p>In an observation of Resident B's room on 3-18-25 at 11:15 a.m., with Registered Nurse (RN) 3, she was observed to attempt to open the windows of Resident B's room several times without success. Several screws were observed located to the window frame, which prevented the windows from being opened. RN 3 indicated she was unaware the windows in Resident B's room were unable to open.</p> <p>During an interview with the Maintenance Director on 3/17/25 at 11:36 a.m., he indicated there were screws in the windows in Resident B, Resident C, Resident E, and Resident F's hallway to prevent the windows from opening. The Maintenance Director indicated he had put the screws in the windows a long time ago and was instructed to do so by management to do it. The Maintenance Director indicated he was unsure why the windows were screwed shut.</p> <p>On 3-18-25 at 9:18 a.m., the Director of Nursing provided a copy of a policy entitled, "Resident Self Determination and Participation (Schedules)", with a copyright date of 2025. This policy indicated, "It is the policy of this facility to promote and facilitate a resident's right to self-determination through support of resident choice... According to federal regulations, the resident has a right to...Make choices about aspects of his or her life in the facility that are significant to the resident...The social service designee should assist the resident in maintaining as normal a lifestyle as possible while in the facility..."</p> <p>This citation relates to Complaint IN00452650.</p> <p>3.1-3(u)(3) 3.1-3(v)(1)</p>						

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F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination</p> <p>Based on interview and record review, the facility failed to notify a resident when they had outside physician appointments for 1 of 3 residents reviewed for notification of appointments (Resident E).</p> <p>Findings include:</p> <p>During an interview with Resident E on 3/17/25 at 1:40 p.m., they indicated they had several outside doctor appointments, and the resident was never notified about them. The resident indicated the man that drove the bus to appointments would show up at their door and say, "let's go, you have an appointment". The resident indicated this happened at least four times and maybe even more than that. The resident indicated they were an early riser, so they were thankful they were always dressed and ready. The resident indicated they did not want to cause any trouble or get anyone in trouble, they "just felt it was courteous" to let them know they had an appointment.</p> <p>During an interview with Licensed Practical Nurse (LPN) 1 on 3/17/25 at 1:45 p.m., they verified Resident E had five outside doctor appointments in January 2025, February 2025, and March 2025. There was no documentation in the resident's clinical record that the resident was notified about the appointments.</p> <p>Review of the clinical record of Resident E, on 3/17/25 at 3:34 p.m., indicated the resident's diagnoses included, but were not limited to, chronic kidney disease, pleural plaque without</p>			F 0561	<p>The facility will notify a resident when they have outside physician appointments. All residents have the potential to be affected by the deficient practice.</p> <p>Audits will be completed to ensure residents are notified of outside physician appointments.</p> <p>Education to be completed with staff regarding notifying residents of outside physician appointments.</p> <p>Ongoing audits to be completed by DON or to monitor completion of notifying residents of outside physician appointments. This audit is to be completed 5 times weekly for 4 weeks, 3 times for 4 weeks, a weekly to complete for 6 months.</p> <p>The results of these audits be reviewed at QAPI for 6 months to track any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>4-14-25</p>		04/14/2025

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F 0656 SS=D Bldg. 00	<p>asbestos, left ventricular failure, anemia, hypertensive heart disease, and respiratory failure with hypoxia.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident E, dated 1/11/25, indicated the resident was moderately impaired for daily decision making. The resident had the ability to make themselves understood and understood others.</p> <p>The policy entitled resident self-determination and participation (schedules) was provided by the Director of Nursing (DON) on 3/18/25 at 9:18 a.m. The policy indicated the facility would promote and facilitate a resident's right to self-determination through support of the resident choice. The resident had the right to make choices about aspects of his or her life in the facility that are significant to the resident. The social service designee should assist the resident maintaining as normal a lifestyle as possible while in the facility.</p> <p>This citation relates to Complaint IN00455179.</p> <p>3.1-3(u)(1)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive care plan for 1 of 5 residents reviewed for infections. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 3-17-25 at 11:45 a.m. Her diagnoses included, but</p>			F 0656	<p>The facility will develop and implement a comprehensive care plan for residents with infections. All residents have the potential to be affected by the deficient practice.</p> <p>Audits will be completed for residents to ensure a comprehensive care plan for</p>		04/14/2025

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	<p>were not limited to, diabetes with neuropathy and abnormal gait and mobility. Her most recent Minimum Data Set assessment, dated 1-30-25, indicated she was cognitively intact and required the use of a wheelchair for mobility. It indicated she had a foot infection, was receiving an antibiotic, and received dressing changes to her feet.</p> <p>A review of a note from a podiatrist, dated 1-14-25, indicated she had started on an antibiotic for one week for cellulitis to the second toe of her left foot. A follow-up visit note, dated 1-28-25, indicated her affected toe still showed signs of cellulitis and a second round of antibiotics was ordered for another seven days.</p> <p>A care plan was not located in Resident B's clinical record related to the cellulitis of the left second toe.</p> <p>In an interview with the facility's Infection Preventionist on 3-17-25 at 2:35 p.m., she indicated "I did not track her cellulitis and antibiotics and that was my responsibility. Part of my responsibility is if we get an order, I am to put it in the tracking system and make sure the order is in place, it is being given correctly and that a care plan is developed for the issue."</p> <p>On 3-18-25 at 11:25 a.m., the Director of Nursing provided a copy of a policy entitled, "Comprehensive Care Plans," with a copyright date of 2025. This policy indicated, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are</p>				<p>residents with infections.</p> <p>Education will be completed with nursing staff regarding comprehensive care plans for residents with infections.</p> <p>An ongoing audit will be completed by DON or designee to monitor completion of comprehensive care plan for residents with infections.</p> <p>The results of the audit to be reviewed at QAPI for 6 months to track for any trends. If any identified will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>4-14-25</p>		

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F 0881 SS=D Bldg. 00	<p>identified in the resident's comprehensive assessment and meet professional standards of quality...The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psycho-social well-being...The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed."</p> <p>This citation relates to Complaint IN00455179.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <p>483.80(a)(3) Antibiotic Stewardship Program</p> <p>Based on interview and record review, the facility failed to follow and institute their antibiotic stewardship policies and protocols for 1 of 5 residents reviewed for infections, related to cellulitis. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 3-17-25 at 11:45 a.m. Her diagnoses included, but were not limited to, diabetes with neuropathy and abnormal gait and mobility. Her most recent Minimum Data Set assessment, dated 1-30-25, indicated she was cognitively intact and required the use of a wheelchair for mobility. It indicated she had a foot infection, was receiving an antibiotic, and received dressing changes to her</p>		F 0881	<p>The facility will follow and institute the antibiotic stewardship policies and procedures for residents reviewed for infections related to cellulitis.</p> <p>All residents have the potential to be affected.</p> <p>Audit to be completed the facility to follow and institute the antibiotic stewardship policies and procedures for residents reviewed for infections related to cellulitis.</p> <p>Education will be conducted on the facility following and instituting the antibiotic stewardship policies</p>		04/14/2025	

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(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
	<p>feet.</p> <p>A review of a note from a podiatrist, dated 1-14-25, indicated she had started on an antibiotic for one week for cellulitis to the second toe of her left foot. A follow-up visit note dated, 1-28-25, indicated her affected toe still showed signs of cellulitis and a second round of antibiotics was ordered for another seven days.</p> <p>In an interview on 3-17-25 at 12:58 p.m., with the facility's Infection Preventionist, she indicated she began working in this capacity on/around 1-7-25, approximately one week prior to Resident B's cellulitis. She indicated she was unable to locate any information regarding the mapping (tracking) of Resident B's cellulitis in the infection control records for January, February or March of 2025. She indicated the facility typically follows McGeer's criteria related to tracking infection control issues (McGeer criteria are a set of guidelines utilized by long-term care facilities to identify and monitor infections).</p> <p>An interview was conducted with the facility's Infection Preventionist on 3-17-25 at 2:35 p.m. She indicated, "I did not track her cellulitis and antibiotics and that was my responsibility. Part of my responsibility is if we get an order, I am to put it in the tracking system and make sure the order is in place, it is being given correctly, and that a care plan is developed for the issue."</p> <p>On 3-18-25 at 11:25 a.m., the Director of Nursing provided a copy of a policy entitled, "Antibiotic Stewardship Program," with a copyright date of 2024. This policy indicated, "It is the policy of this facility to implement an Antibiotic Stewardship Program as a part of the facility's overall infection prevention program. The purpose of the program</p>				<p>and procedures for residents reviewed for infections related to cellulitis.</p> <p>Ongoing monitoring to be completed by DON or designee antibiotic stewardship is being completed per policy. Monitoring to be completed weekly and monthly thereafter completed for 6 months.</p> <p>The results of these audits be reviewed at QAPI for 6 months to track any trends. If any identified will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>4-14-25</p>		

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

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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374			
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	is to optimize the treatment of infections while reducing the adverse effects associated with antibiotic use...The Antibiotic Stewardship Program leaders utilize existing resources to support antibiotic stewards' efforts by working with the following partners: Infection Preventionist-utilizes expertise and data to inform strategies to improve antibiotic use to include tracking of antibiotic starts, monitoring adherence to evidence-based published criteria during the evaluation and management of treated infections, and reviewing antibiotic resistance patterns in the facility to understand which infections are caused by resistant organisms..." This citation relates to Complaint IN00455179.						