

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

PRINTED: 11/12/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155137		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - VALPARAISO CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 251 STURDY RD VALPARAISO, IN 46383			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00437912 and IN00443529.</p> <p>Complaint IN00437912 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443529 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 30, October 1, 2, 3, and 4, 2024.</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 7 Medicaid: 49 Other: 23 Total: 79</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 10/10/24.</p>			F 0000	<p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care, and to comply with all applicable state and federal regulatory requirements.</p> <p>The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration.</p>		
F 0572 SS=D Bldg. 00	483.10(g)(1)(16) Notice of Rights and Rules Based on record review and interview, the facility			F 0572	Initial Resident		11/02/2024

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

TITLE

(X6) DATE

Tiffany Sydow

Health Facility Administrator

10/25/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>failed to ensure a resident was informed of resident rights and facility rules upon admission for 1 of 1 resident reviewed for resident rights. (Resident 225)</p> <p>Finding includes:</p> <p>During an interview on 9/30/24 at 10:34 a.m., Resident 225 indicated she was admitted to the facility on 9/10/24 and had not received any "orientation" yet. No one had gone over resident rights with her, and she was not aware of any of the rules of the facility.</p> <p>The record for Resident 225 was reviewed on 10/1/24 at 2:59 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, bipolar disorder, and hypertension. The resident was admitted to the facility on 9/10/24 and was listed as her own responsible party.</p> <p>A Consent to Treatment Form, dated 9/10/24, had been signed by the resident. There was a lack of any documentation that resident rights or the rules of the facility had been discussed with the resident.</p> <p>During an interview on 10/2/24 at 11:39 a.m., the Administrator indicated staff had just gone over the admission paperwork with the resident today, including resident rights. The Admissions Director was on unexpected leave and the staff covering were still trying to catch up.</p> <p>3.1-4(a)</p>				<p>Resident 225 was met, orientated and gave the nurse consent to treatment upon admission 9/10/24. Resident 225 was additionally given orientation of facility, review of rights and rules of facility on 10/2/24.</p> <p>Other Residents</p> <p>The facility has determined that all residents have the potential to be affected. An audit was completed on all admissions from the past 30 days to ensure orientation was completed, and admission agreement/notices were signed timely. No other resident identified to have been affected by the deficient practice.</p> <p>Education</p> <p>An in-service education program was conducted by DCE/designee with all staff addressing orientating residents to their resident rights & facility rules. Education consisted of Resident Rights Policy and Procedures, which included but not limited to Safe Environment, Information and Communication. 1 on 1 education completed with Admissions Director related to signature of admission agreements and notification of resident rights with direct correlation to regulation.</p>		

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F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.)		F 0580	Monitoring The ED/designee will conduct a random audit, on various shifts, units and days (including weekends), of 5 residents weekly for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 months. These residents will be assessed for the completion of the admission agreement/notices booklet, as well as given an orientation to the facility. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT will determine if further audits are needed.		11/02/2024	
	Based on observation, record review, and interview, the facility failed to notify the physician timely related to ongoing respiratory symptoms and the inability to obtain a sample for ordered laboratory testing for 1 of 1 resident reviewed for respiratory care. (Resident 16)			Initial Resident The charge nurse/designee assessed resident 16 for appropriateness and obtained an order from the physician to discontinue the order for the UA with C&S due to residents' incontinence and inability to obtain.			
	Finding includes: Resident 16 was observed on 10/1/24 at 11:30 a.m. in one of the activity/dining room areas in the Memory Care Unit in a wheelchair at a table with other residents. She was actively coughing.			Other Residents The facility has determined that all			

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	<p>Resident 16's record was reviewed on 10/3/24 at 10:43 a.m. Diagnoses included, but were not limited to chronic obstructive pulmonary disease, vascular dementia with behavioral disturbance, and psychotic disorder with hallucinations.</p> <p>The Quarterly Minimum Data Set assessment, dated 7/18/24, indicated the resident was severely cognitively impaired for daily decision making.</p> <p>A Nurses' Note, dated 9/8/2024 at 3:48 p.m., indicated the resident had a productive cough with some phlegm. The resident was negative for Covid-19 infection and the Physician was notified.</p> <p>A Nurses' Note, dated 9/9/2024 at 7:18 a.m., indicated the Physician ordered a chest x-ray for cough and congestion with diminished lung sounds on lower lobes.</p> <p>A Nurses' Note, dated 9/11/2024 at 9:01 a.m., indicated the resident continued with occasional cough.</p> <p>A Nurses' Note, dated 9/24/2024 at 10:57 p.m., indicated the resident continued with non-productive cough with nasal drainage.</p> <p>A Nurses' Note, dated 9/25/2024 at 11:56 p.m., indicated new orders were received for a urinalysis with culture and sensitivity (UA with C&S) to follow.</p> <p>A Physician's Order, dated 9/25/24, indicated obtain a urinalysis with culture and sensitivity to follow.</p> <p>A Nurses' Note, dated 9/26/2024 at 12:32 a.m., indicated an attempt was made to obtain the UA</p>			<p>residents have the potential to be affected. An audit was completed of all orders obtained within the last 7 days for all lab tests to ensure completion, order followed, and that physician is notified of any worsening in condition. Physicians were notified for any resident affected by the deficient practice.</p> <p>Education</p> <p>An in-service education program was conducted by DCE/designee with all licensed staff addressing notification to the physician of changes. Education consisted of Notification of Changes policy and procedures.</p> <p>Monitoring</p> <p>The DNS/designee will conduct a random audit, on various shifts, units and days (including weekends), of 5 residents weekly for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 months. These audits will consist of the DNS/designee to review in clinical start up any resident with new orders for UA with C&S to ensure completion of timely. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT will</p>			

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	<p>and C&S per straight catheter, but was unsuccessful as the resident was incontinent of urine. The resident continued to have non-productive cough.</p> <p>A Nurses' Note, dated 9/26/2024 at 2:39 p.m., indicated an attempt was made to obtain a UA and C&S per straight catheter, but was unsuccessful. The resident continued with a non-productive cough with no nasal drainage.</p> <p>There was no documentation available regarding a UA with C&S on 9/27/24.</p> <p>A Nurses' Note, dated 9/28/2024 at 2:20 p.m., indicated the resident continued to have an occasional non-productive cough and staff was unable to get a urine sample from the resident.</p> <p>There was no documentation available regarding a UA with C&S on 9/29/24.</p> <p>A Nurses' Note, dated 9/30/2024 at 2:08 a.m., indicated unable to collect urine specimen at this time related to incontinence.</p> <p>A Nurses' Note, dated 9/30/2024 at 5:37 a.m., indicated the resident had drainage noted to bilateral eyes and the Physician was notified.</p> <p>A Nurses' Note, dated 9/30/2024 at 5:56 a.m., indicated staff was unable to collect a urine specimen at the time related to incontinence.</p> <p>A Nurses' Note, dated 9/30/2024 at 5:25 p.m., indicated staff was unable to collect a urine specimen at the time related to incontinence.</p> <p>A Nurses' Note, dated 10/1/24 at 11:22 p.m., indicated the resident continued with cough and</p>				determine if further audits are needed.		

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F 0684 SS=D Bldg. 00	<p>mild nasal drainage. The resident became combative and staff were unable to collect a urine sample.</p> <p>There was no documentation the physician was notified of the continued respiratory symptoms from 9/9/24 when the x-ray was ordered until 9/25/24 when the UA with C&S was ordered. There was no documentation the physician was notified of the inability to obtain a urine sample to send for the UA with C&S from 9/25/24 until 10/2/24, when the order was discontinued.</p> <p>During an interview on 10/4/24 at 8:55 a.m., the Director of Nursing indicated the staff were supposed to get the UA with C&S per the Physician's Order, but were unable to obtain the sample due to incontinence. The order was discontinued on 10/2/24 when the physician was notified it had not been obtained.</p> <p>3.1-5(a)(3)</p> <p>483.25 Quality of Care</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received medications as ordered related to following blood pressure parameters prior to administration for 1 of 5 residents reviewed for unnecessary medications (Resident 59) and 1 of 2 residents reviewed for pain. (Resident 177) The facility also failed to assess and monitor a skin discoloration for 1 of 3 residents reviewed for non-pressure skin conditions. (Resident 71)</p> <p>Findings include:</p> <p>1. The record for Resident 59 was reviewed on</p>			F 0684	<p>Initial Resident</p> <p>The physician was notified immediately that residents 59 and 177 were given BP meds outside of ordered parameters, and of bruise on resident 71. No new orders.</p> <p>Other Residents</p> <p>The facility has determined that all residents have the potential to be affected. Residents on BP meds</p>		11/02/2024

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	<p>10/2/24 at 9:12 a.m. Diagnoses included, but were not limited to, end stage renal disease, dependence on renal dialysis, and diabetes mellitus.</p> <p>The Annual Minimum Data Set assessment, dated 8/7/24, indicated the resident was cognitively intact and received hemodialysis.</p> <p>A Physician's Order, dated 5/17/24, indicated to give midodrine (a medication used to treat low blood pressure) 5 milligrams (mg) three times a day for hypotension (low blood pressure). Hold for systolic (top number) blood pressure (BP) greater than 120 (millimeters of mercury) or diastolic (bottom number) greater than 90.</p> <p>The August and September 2024 Medication Administration Records (MAR) indicated the midodrine was administered outside of the parameters on the following dates and times: 8/2/24 at 1:00 p.m.: BP 128/67 8/10/24 at 1:00 p.m.: BP 126/74 8/30/24 at 1:00 p.m.: BP 133/65 9/24/24 at 1:00 p.m.: BP 124/68</p> <p>A Physician's Order, dated 6/10/24, indicated to give hydralazine (medication used to treat high blood pressure) 50 mg, three times a day on Tuesday, Thursday, Saturday and Sunday. Hold for systolic BP less than 120 or diastolic BP less than 50.</p> <p>The August 2024 MAR indicated the hydralazine was administered outside of the parameters on the following dates and times: 8/17/24 at 10:00 p.m.: BP 118/58 8/25/24 at 9:00 a.m.: BP 101/62 8/25/24 at 1:00 p.m.: BP 112/68</p>				<p>reviewed for the past 7 days to ensure administrations were given in correlation to ordered parameters. Physician notified for any resident affected by the deficient practice. A whole house skin sweep was conducted to check for any other resident affected by the deficient practice. Findings of the skin sweep were reported directly to the physician.</p> <p>Education</p> <p>An in-service education program was conducted by DCE/designee with all staff addressing vitals prior to administration, parameters, and notification of assessments. Education consisted of the Provision of Quality of Care and Unexplained Injuries policy and procedures.</p> <p>Monitoring</p> <p>The DNS/designee will conduct a random audit, on various shifts, units and days (including weekends), of 5 residents weekly for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 months. These residents will be assessed for medications given within parameters, altered skin integrity upon skin assessment, and reporting any changes to the physician timely. Results of audits</p>		

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	<p>A Physician's Order, dated 8/27/24, indicated to give hydralazine 50 mg, three times a day on Tuesday, Thursday, Saturday and Sunday. Hold for systolic blood pressure less than 140 or diastolic BP less than 50.</p> <p>The September 2024 MAR indicated the hydralazine was administered outside of the parameters on the following dates and times: 9/7/24 at 9:00 a.m.: BP 125/60 9/7/24 at 10:00 p.m.: BP 121/60</p> <p>During an interview on 10/3/24 at 9:43 a.m., the Director of Nursing indicated the above medications were given outside of the ordered parameters.</p> <p>2. Record review for Resident 177 was completed on 10/1/24 at 1:45 p.m. Diagnoses included, but were not limited to, hypertension, hypotension, lymphedema, and depression.</p> <p>The October 2024 Physician's Order Summary indicated an order for midodrine hydrochloride (treats low blood pressure). Give 5 mg (milligrams) by mouth three times a day, hold for a systolic (top number of blood pressure reading) above 120.</p> <p>The September 2024 Medication Administration Record (MAR) indicated the midodrine was administered and not held as ordered on the following dates and times: 9/1/24 at 12:00 p.m., blood pressure (BP) 128/81 9/6/24 at 6:00 a.m., BP 127/69 9/9/24 at 12:00 p.m., BP 131/71 9/12/24 at 6:00 a.m., BP 127/68 9/19/24 at 6:00 p.m., BP 132/77 9/23/24 at 12:00 p.m., BP 128/71</p> <p>During an interview on 10/1/24 at 3:38 p.m., the</p>				will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT will determine if further audits are needed.		

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	<p>Director of Nursing (DON) indicated the midodrine was administered on the above dates and times when the blood pressure was out of parameters. The medication should have been held.</p> <p>3. On 9/30/24 at 10:08 a.m., Resident 71 was observed self-propelling in a wheelchair down the hall in the locked memory care unit. There was a discoloration approximately the size of a quarter observed above her left elbow.</p> <p>On 10/3/24 at 2:42 p.m., Resident 71 was observed self-propelling in a wheelchair down the hall in the locked unit. There was a discoloration approximately the size of a quarter observed above her left elbow.</p> <p>Resident 71's record was reviewed on 10/2/24 at 10:50 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, psychotic disorder with delusions, and generalized anxiety disorder.</p> <p>The Admission Minimum Data Set assessment, dated 8/10/24, indicated the resident was severely cognitively impaired for daily decision making.</p> <p>A Physician's Order, dated 8/12/24 at 7:00 a.m., indicated a weekly skin review assessment every Monday during day shift.</p> <p>The Weekly Skin Review, dated 9/30/24 at 2:35 p.m., indicated the resident had no new skin issues.</p> <p>During an interview on 10/04/24 at 9:04 a.m., the Director of Nursing indicated she had staff measure the bruised area after notification of the discoloration.</p>						

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F 0690 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on observation, record review, and interview, the facility failed to ensure an indwelling Foley (urinary) catheter tubing and collection bag was kept off the floor for 1 of 1 resident reviewed for urinary catheters. (Resident 276)</p> <p>Finding includes:</p> <p>Resident 276 was observed on 10/2/24 at 10:49 a.m. The resident was lying in her bed, which was lowered to the ground with a fall mat on the left side of the bed. The catheter collection bag was lodged underneath the bed lying directly on the fall mat with the catheter tubing also on the ground.</p> <p>Resident 276's record was reviewed on 10/2/24 at 10:33 a.m. Diagnoses included, but were not limited to, neuromuscular dysfunction of the bladder and dementia.</p> <p>The Admission Minimum Data Set assessment, dated 9/26/24, was still in progress.</p> <p>The Baseline Care Plan, dated 9/26/24, indicated the resident was a new admission to the secured unit. She required a Hoyer mechanical lift with 2 person assist, bed in lowest position, bilateral floor mats, and indwelling Foley catheter care every shift.</p> <p>During an interview on 10/2/24 at 11:29 a.m., RN 1 indicated the catheter should not have been on the floor. Someone must have lowered the bed</p>			F 0690	<p>Initial Resident</p> <p>Resident 276 catheter was placed in a basin and removed from the floor immediately.</p> <p>Other Residents</p> <p>The facility has determined that all residents have the potential to be affected. An audit of all residents with an order for a catheter were reviewed to ensure residents had basins at bedside to avoid the catheter collection bag and tubing from touching the floor. No other residents were found to be affected by the deficient practice.</p> <p>Education</p> <p>An in-service education program was conducted by DCE/designee with all staff addressing catheter care, privacy bags, leg bags, storage and hanging of catheters. Education consisted of Catheter Care policy and procedure.</p> <p>Monitoring</p> <p>The DNS/designee will conduct a random audit, on various shifts, units and days (including weekends), of 5 residents weekly</p>		11/02/2024

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155137		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - VALPARAISO CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 251 STURDY RD VALPARAISO, IN 46383			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
	after care and did not place the collection bag in a basin. During an interview on 10/2/24 at 11:48 a.m., the Director of Nursing indicated she had no further information to provide. A policy titled, "Catheter Care," and noted as current, indicated "...Policy Explanation...10. Ensure drainage bag and catheter tubing are not touching the floor to assist in decreasing risk of UTI." 3.1-41(a)(2)			for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 months. These residents will be assessed for compliance with ensuring privacy/drainage/leg bags are not touching the floor and are being stored/hung properly. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT will determine if further audits are needed.			