

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

PRINTED: 06/12/2025

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 05/20/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - TERRACE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1900 ANDREW AVE LA PORTE, IN 46350			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00456969 and IN00458815.</p> <p>Complaint IN00456969 - Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00458815 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: May 19 and 20, 2025</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Census Bed Type: SNF: 135 Total: 135</p> <p>Census Payor Type: Medicare: 12 Medicaid: 103 Other: 20 Total: 135</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 5/27/25.</p>			F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Terrace Care Center agrees with the allegations and citations listed. Terrace Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p>		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Based on observation, record review, and interview, the facility failed to ensure activities of daily living (ADLs) were completed for a dependent resident related to incontinence care</p>			F 0677	<p><u>F 677 – ADL Care Provided for Dependent Residents</u> <i>What Corrective Action will be accomplished for those</i></p>		06/17/2025

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

TITLE

(X6) DATE

Brandi L. Costello

Executive Director

06/06/2025

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 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>and providing assistance in getting out of bed in a timely manner for 1 of 3 residents reviewed for ADLs. (Resident D)</p> <p>Finding includes:</p> <p>On 5/19/25 at 8:50 a.m., Resident D was observed lying in her bed with her breakfast covered and sitting on her bedside table. The resident indicated she had not been able to eat breakfast yet because she was told wound care was supposed to come see her next and that was 40 minutes ago. She liked to get up and out of bed to eat and they told her they would get her up after her wound treatment. The resident also indicated a nurse's aide had put her diaper on wrong during the night and "that's why I peed the bed all night long, so now I'm stuck sitting in this puddle". The resident lifted the blanket to the side and lifted her body up to reveal a large wet spot in the middle of her bed that covered the middle half of the bed. The resident's brief was dry and had been changed that morning.</p> <p>On 5/19/25 at 8:59 a.m., CNA 1 was observed asking a nurse if the resident could get up and eat. She wanted to get out of bed to eat but was waiting on wound care. The nurse indicated the resident could be up. CNA 1 did not re-enter resident D's room, she gowned up and went into another resident's room to provide care.</p> <p>During an interview on 5/19/25 at 9:04 a.m., CNA 1 indicated she knew the resident's bed was soiled and she had changed the resident's brief, but did not change the bed because the resident wanted to get out of bed to eat and she was going to be seen by wound care. She was going to change her bed at that time.</p>				<p>residents found to have been affected by this deficient practice:</p> <p>1 Resident D: Linens were immediately changed. No negative outcomes noted.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>1 All dependent residents have the potential to be affected. All residents linens immediately checked with no other issues identified.</p> <p>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <p>1 CNA 1 immediately received education related to ADL care.</p> <p>2 All nursing staff to receive education related to ADL care by date of compliance.</p> <p>3 New nursing employees will receive this education prior to working.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>1 Nursing management will conduct random observations on all shifts 5x/week for two months, then 3x/week for two months, then 1x/week for two</p>		

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F 0684 SS=D Bldg. 00	<p>Resident D's record was reviewed on 5/20/25 at 9:31 a.m. The diagnoses included, but were not limited to, kidney failure, ileostomy status, weakness, and history of falling.</p> <p>A Care Plan, dated 4/18/25, indicated the resident had an ADL self-care performance deficit related to weakness and difficulty in walking. Interventions were to provide AM preferred routine of dressing and grooming before breakfast and assist with toilet and transfer.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 4/24/25, indicated the resident was cognitively intact for daily decision making. Eating and oral hygiene required set up and clean up assistance. The resident required substantial/maximum assistance for toileting and shower/bathing. The resident required dependent care with lower body dressing and the resident was frequently incontinent.</p> <p>During an interview on 5/19/25 at 9:14 a.m., the Administrator indicated she understood the concern and would re-educate CNA 1 immediately.</p> <p>This citation relates to Complaint IN00456969.</p> <p>3.1-38(a)(2)(B) 3.1-38(a)(2)(C)</p> <p>483.25 Quality of Care</p> <p>Based on observation, record review, and interview, the facility failed to administer medications as ordered related to antibiotic therapy for 3 of 3 residents reviewed for Intravenous Therapy and failed to ensure wound</p>			F 0684	<p>months to ensure proper ADL care is provided. Any issues identified will be immediately addressed.</p> <p>2 The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed.</p> <p>Compliance date: 6.17.25.</p> <p>The Administrator at Terrace Care Center is responsible in ensuring compliance in this Plan of Correction.</p> <p><u>F 684- Quality of Care</u> <i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient</i></p>		06/17/2025

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	<p>treatments were completed and signed out as ordered for 1 of 3 residents reviewed for non-pressure related skin conditions. (Residents C, F and G)</p> <p>Findings include:</p> <p>1. Resident C's record was reviewed on 5/19/25 at 9:38 a.m. The diagnoses included, but were not limited to, local infection of the skin and subcutaneous tissue unspecified, depression, hypertension (high blood pressure), kidney failure, asthma, and pain in unspecified hip.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 4/24/25, indicated Resident C was cognitively intact for daily decision making. Eating, oral hygiene, personal hygiene, and upper body dressing required set up or clean up assistance. Toileting required supervision or touching assistance. Shower and bathing required partial/moderate assistance, and lower body dressing and putting on footwear required substantial/maximum assistance. The resident had a surgical wound that was present on admission.</p> <p>A Nurse Note, dated 4/16/25 at 11:00 p.m., indicated communication was received regarding a new admission. Medication orders had been reviewed and verified and compared to discharge medication reconciliation. Antibiotic required an end date and rounding was notified.</p> <p>A Hospital Patient Summary Report, dated 4/1/25, indicated the resident had a recent history of a prosthetic antibiotic spacer implantation that became infected.</p> <p>The Hospital Discharge Report, dated 4/17/25, indicated 1 of 2 doses of Cefazolin was received.</p>				<p>practice:</p> <p>1 Resident C: no longer resides at facility.</p> <p>2 Resident F: Physician notified. No negative outcomes noted.</p> <p>3 Resident G: Physician notified. No negative outcomes noted.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>1 In house audit was completed for all residents that require IV antibiotics to ensure administration was completed. Any issues identified have been addressed.</p> <p>2 In house audit to be completed by date of compliance to ensure wound treatments are completed per order. Any issues identified will be addressed.</p> <p>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <p>1 All licensed nursing staff to receive education on Medication and Treatment administration by date of compliance.</p> <p>2 New licensed nursing employees will receive this education prior to working.</p> <p>How the corrective action will be monitored to ensure the</p>		

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	<p>The last dose was administered on 4/17/25 at 3:15 p.m. and the next dose was due at bedtime.</p> <p>The Hospital Discharge Summary, dated 4/17/25, indicated the resident required 6 weeks of antibiotic therapy.</p> <p>A Care Plan, dated 4/17/25, indicated the resident had a surgical incision to the left hip. Interventions were to keep the incision site clean and dry, assess skin condition weekly, and to monitor for signs and symptoms of infection.</p> <p>A Nurses Note, dated 4/17/25 at 8 :35 p.m., indicated the resident arrived via private transportation service, the resident had pain to his left hip where there was a surgical incision on the left hip with a clean and dry dressing intact. The resident was on antibiotics and had a patent PICC line.</p> <p>A Physician's Order, dated 4/18/25 indicated to administer Cefazolin (antibiotic) 2 grams (GM) intravenously (IV) every 8 hours for infection of the left hip.</p> <p>A Medication Administration Note, dated 4/18/25 at 5:53 a.m., indicated Cefazolin intravenous solution 2 gm was not given due to waiting on delivery from pharmacy.</p> <p>The April 2025 Medication Administration Record (MAR) indicated Cefazolin was documented as view progress notes on 4/17/25 and was not signed out, on 4/18/25 the medication was marked as discontinued. The resident did not receive the 4/17/25 Cefazolin dose.</p> <p>There was no follow up documented with the surgeon or infectious disease physician to verify</p>				<p>deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>1 DON/Designee will review treatment administration audit report 5x/week for two months, then 3x/week for two months, then 1x/week for two months to ensure completion treatment administration is documented. Any issues identified will be immediately addressed.</p> <p>2 DON/Designee will review medication administration audit report 5x/week for 2 months, then 3x/week for two months, then 1x/week for two months to ensure IV antibiotics administration is documented. Any issues identified will be immediately addressed.</p> <p>3 The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed. Compliance date: 6.17.25. The Administrator at Terrace Care Center is responsible in ensuring compliance in this Plan of Correction.</p>		

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	<p>an antibiotic end date or course of treatment.</p> <p>An Advance Care Planning Note, dated 4/20/25 at 11:00 p.m., indicated the resident was at the facility for rehabilitation for a post infection of his prosthetic limb (sic) and was post antibiotics.</p> <p>A Physician's Order, dated 4/21/25 indicated to apply betadine swab sticks to left hip every day shift and cover with an island bordered gauze dressing.</p> <p>The April 2025 Treatment Administration Record (TAR) indicated the wound treatment for the left hip was not signed out on 4/25/25, 4/28/25, and 4/29/25.</p> <p>A Physician's Order, dated 4/29/25 indicated to discontinue PICC (Peripherally Inserted Central Catheter) line.</p> <p>During an interview on 5/19/25 at 10:00 a.m., the Director of Nursing (DON) indicated Resident C's discharge instructions indicated he had received 1 of 2 doses of Cefazolin. She indicated the Nurse Practitioner (NP) came in and discontinued the order and indicated the antibiotic was completed. She was not here on that day but when she returned, she questioned the order. The NP notes indicated they were completed, and they were following physician's orders. No other clarification was completed.</p> <p>During an interview on 5/19/25 at 11:14 a.m., the DON indicated the NP who discontinued the antibiotic was no longer with the facility.</p> <p>During a phone interview on 5/19/25 at 11:37 a.m., the NP indicated indicated she reviewed the record and the discharge instructions had</p>						

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	<p>indicated the antibiotic would be completed on 4/17/25. She indicated, "as far as I knew he completed the antibiotic before I got there on the 18th". The infectious disease nurse had told her the resident was finished with antibiotics as well. She usually talked with the nursing staff to verify any medications because she did not have an active MAR available on her screen.</p> <p>During a phone interview on 5/19/25 at 1:51 p.m., Resident C's orthopedic surgeon indicated Resident C had been readmitted to the hospital for a small collection of fluid at the infection site (left hip) and for worsening back pain. The resident was failing treatment due to the lack of antibiotics. The resident had a known infected total hip and he had completed two surgeries on the resident. The resident had a big abscess and osteomyelitis of the spine. The resident should have been treated with at least 4-6 weeks of antibiotic treatment outpatient; one dose of the medication would not even make sense. "There was no follow up with my office". He indicated this was not the resident's first hip surgery and the resident knew he needed antibiotics, and he indicated that he asked the staff frequently why he wasn't receiving any. He indicated he looked over the discharge paperwork in the system and the instructions for continued antibiotics were correct at that time. The resident had capacity, and this should have been followed up with regardless if there was a communication deficit in the paperwork.</p> <p>During an interview on 5/19/25 at 4:10 p.m., the Infection Prevention (IP) nurse indicated there were no active signs of infection and the resident had never mentioned he should have been on antibiotics, the resident was very talkative, and he had been at the facility before, he was comfortable here. The paperwork indicated the Cefazolin</p>						

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	<p>antibiotic stop date was 4/17/25. She did not recall a conversation with the NP regarding this resident. There was no warmth or redness at the site.</p> <p>During an interview on 5/20/25 at 12:01 p.m., the DON and the Administrator indicated they understood the concerns about the wound treatment and medication not being given as ordered and had no additional information to provide.</p> <p>2. Resident F's record was reviewed on 5/20/25 at 10:48 a.m. The diagnoses included, but were not limited to, chronic non-pressure ulcer of the left foot, major depression, insomnia, osteomyelitis (infection of bone and muscle) and high blood pressure.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 4/29/25, indicated the resident was cognitively intact for daily decision making and the resident received IV therapy.</p> <p>A Care Plan, dated 4/23/25, indicated the resident had an infection related to a wound. Interventions were to administer antibiotics and treatment as ordered.</p> <p>A Physician's Order dated 4/23/25 indicated to administer Cefazolin (antibiotic) 2 grams (GM) intravenously (IV) every 8 hours for wound infection until 5/5/25.</p> <p>The April 2025 Medication Administration Record (MAR) indicated Cefazolin was not signed out on the following dates: 4/24/25 at 10:00 p.m. 4/25/25 at 2:00 p.m.</p>						

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	<p>4/28/25 at 10:00 p.m. 4/30/25 at 6:00 a.m.</p> <p>During an interview on 5/20/25 at 1:15 p.m., the DON indicated she could not find any documentation indicating why the Cefazolin antibiotics were not given.</p> <p>3. Resident G's record was reviewed on 5/20/25 at 12:11 p.m. The diagnoses included, but were not limited to, osteomyelitis (bone and muscle infection), stroke, heart disease, and hypertension (high blood pressure).</p> <p>A Care Plan, dated 5/13/25, indicated the resident had an infection. Interventions were to administer antibiotics per physician orders, monitor temperature, and maintain universal precautions when providing care.</p> <p>A Baseline Care Plan, dated 5/15/25, indicated the resident was cognitively intact.</p> <p>A Physician's Order, dated 5/14/25, indicated to administer Ampicillin-Sulbactam (antibiotic) 3 grams (GM) intravenously (IV) every 8 hours for osteomyelitis to the left foot until 6/18/25.</p> <p>The May 2025 Medication Administration Record (MAR) indicated Ampicillin-Sulbactam was not signed out on the following dates: 5/15/25 at 6:00 a.m. and 10:00 p.m. 5/16/25 at 6:00 a.m. 5/18/25 at 10:00 p.m.</p> <p>During an interview on 5/20/25 at 2:00 p.m., the DON indicated she could not find any documentation indicating why the Ampicillin antibiotics were not given.</p>						

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