

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

PRINTED: 07/15/2024
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 06/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BROOKVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7145 E 21ST STREET INDIANAPOLIS, IN 46219			
(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 the Investigation of Complaints IN00431214, IN00431637, IN00434590, and IN00434674.</p> <p>Complaint IN00431214 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431637 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434590 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434674 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: June 4, 2024</p> <p>Facility number: 000031 Provider number: 155076 AIM number: 100266150</p> <p>Census Bed Type: SNF/NF: 75 Total: 75</p> <p>Census Payor Type: Medicare: 5 Medicaid: 50 Other: 20 Total: 75</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth 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>		

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

TITLE

(X6) DATE

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 0689 SS=D Bldg. 00	<p>Quality review completed on June 6, 2024</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure follow up to a resident that was unable to be located in the facility during the night for 1 of 4 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 6/4/24 at 1:28 p.m. The diagnoses included, but were not limited to, hypertension, muscle weakness, alcohol abuse, and diabetes mellitus.</p> <p>A significant change minimum data set (MDS) assessment, dated 3/28/24, indicated Resident B was cognitively intact, utilized a wheelchair, received daily injections of insulin, administration of a diuretic, administration of a hypoglycemic medication, and administration of an opioid medication.</p> <p>A "release of responsibility for therapeutic home visits" form, dated for March, April, and May of 2024, indicated Resident B signed out of the facility on a leave of absence for 9 days in March,</p>			F 0689	<p>Resident B returned to the facility 6/4/24. -how other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken Audit of all resident's therapeutic leave of absence completed to ensure proper follow up. ensure that the deficient practice does not recur-Audit completed of all resident therapeutic leaves completed to ensure follow up's Facility receptionists educated on therapeutic leave of absence policy. Facility all staff educated on therapeutic leave of absence policy. Therapeutic leave of absence review completed daily for the previous day to ensure proper follow up was completed. Ongoing audit to be completed by ED or designee to monitor completion of reviews. This audit to be completed 7X</p>		06/17/2024

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	<p>7 days in April, and one day in May. There were no leave of absence forms for Resident B dated June of 2024.</p> <p>A progress note, dated 6/2/24 at 10:42 p.m., indicated Resident B left the facility and would not be redirected per policy or sign out that he was taking a leave of absence.</p> <p>A progress note, dated 6/2/24 at 11:37 p.m., indicated Resident B returned to the facility.</p> <p>A progress note, dated 6/3/24 at 10:30 p.m., indicated the following, "... Resident B was not in his room when writer did rounds to check residents. Per CNA [certified nursing aide] resident was not here since Sunday [6/2/24]. Writer checked the sign in/out book and no sign out under the resident's name..."</p> <p>There was no indication that staff knew of Resident B's whereabouts as to when he left the facility, if medications were retrieved for Resident B to take while he was out of the facility, and where Resident B was in case of any emergency.</p> <p>An interview conducted with Resident B, on 6/4/24 at 11:10 a.m., indicated he was in the process of moving to a different facility. He indicated he was allowed to have a certain number of days out of the year to utilize as a leave of absence. He would let the facility staff know when he was planning to take a leave of absence. He would sign in and out of the leave of absence book. He commented on how he left the facility last night but did not have any medications to take while he was on a leave of absence. He was planning to return to the facility sometime on 6/4/24.</p>				<p>weekly X 4 weeks, 3 times weekly X 4 weeks, and weekly to completed 6 months. -how the corrective action will be monitored to ensure that deficient practice will not recur, I.e., what quality assurance program will be put into place The results of these audits be reviewed at QAPI x 6 months to track for any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis. -by what date the systemic changes for each deficiency will be completed 6/17/24</p> <p>IDR requested due to new information provided at the conclusion of the survey.</p>		

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	<p>An interview conducted with the Director of Nursing (DON), on 6/4/24 at 11:29 a.m., indicated she was concerned when she read the progress note about staff not being able to find Resident B in his room. She was concerned about where he could be regarding his medications, care for himself, etc. Resident B does like to go on a leave of absence quite often and it's not uncommon for him to do so.</p> <p>An interview conducted with the DON, on 6/4/24 at 2:58 p.m., indicated the receptionist did see the resident leave the facility on 6/3/24 in the evening time. The receptionist did not let the staff know Resident B had left and she was educated about the policy and procedure for when a resident leaves the facility.</p> <p>A policy titled "Therapeutic Leave", undated, was provided by the DON on 6/4/24 at 2:54 p.m. The policy indicated the following, "...2. The facility will coordinate with the resident and/or representative the length of time the resident will be gone to ensure that adequate amounts and appropriate medication is ready for administration while on the leave...4. The facility will document in the medical record the resident's leave of absence and any education given to the resident and/or representative prior to the leave...6. If a resident has not returned from therapeutic leave as expected, the facility will attempt to contact the resident and resident representative and document attempts in the medical record...."</p> <p>3.1-45(a)(2)</p>						