

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

PRINTED: 07/01/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155362</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/27/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8800 VIRGINIA PLACE</b> <b>MERRILLVILLE, IN 46410</b>			
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00461485, IN00461766, IN00462182 and IN00462183.</p> <p>Complaint IN00461485 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00461766 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00462182 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00462183 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 26 and 27, 2025</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 132 Total: 132</p> <p>Census Payor Type: Medicare: 3 Medicaid: 79 Other: 50 Total: 132</p> <p>Brickyard Healthcare Merrillville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00461485, IN00461766, IN00462182 and IN00462183.</p>			F 000			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410		
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F 000	Continued From page 1  Quality review completed on 6/30/25.	F 000			