

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

PRINTED: 02/18/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/27/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00450128 and IN00450202.</p> <p>Complaint IN00450128 - Federal/State deficiencies related to the allegations are cited at F554 and F842.</p> <p>Complaint IN00450202 - Federal/State deficiencies related to the allegations are cited at F554 and F842.</p> <p>Survey date: January 27, 2025</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 128 Total: 128</p> <p>Census Payor Type: Medicare: 6 Medicaid: 93 Other: 29 Total: 128</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 28, 2025.</p>		F 0000	<p>The submission of this Plan of Correction, for survey event ID (CNP911), does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Bloomington Care Center. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only We are asking for Paper Compliance for this survey.</p>			
F 0554 SS=D Bldg. 00	<p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp</p> <p>Based on observation, interview, and record review, the facility failed to ensure a licensed</p>		F 0554	<p><b>What corrective action(s) will be accomplished for those</b></p>		02/07/2025	

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

TITLE

(X6) DATE

Scott Swaby

Executive Director

02/07/2025

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>practical nurse observed medication administration for a resident who did not self administer medications for 1 of 1 resident observed during a random observation. (Resident B)</p> <p>Findings include:</p> <p>During an interview with Resident B on 1/27/25 at 9:40 a.m., a medication cup with eight different medications was observed on the bedside table. The medication cup contained a mixture of tablets and capsules. Resident B indicated there had been ten different medications in the cup however, he had taken two already. Resident B indicated staff did not typically observe him when taking medications.</p> <p>During an interview with LPN 1 on 1/27/25 at 9:42 a.m., LPN 1 indicated she had observed Resident B take all his medications that morning and was unsure where the medications in the cup had come from.</p> <p>During an interview with LPN 1 on 1/27/25 at 11:35 a.m., LPN 1 indicated Resident B's morning medications included eleven different medications. He was currently out of one of his medications therefore, she drew up ten and observed the resident taking all morning medications that morning.</p> <p>During an interview on 1/27/25 at 1:00 p.m., the Interim Director of Nursing indicated LPN 1 had been educated on not leaving medications at the residents bedside and LPN 1 had indicated she would not do it again.</p> <p>Resident B's clinical record was reviewed on 1/27/25 at 11:30 a.m. The diagnoses included, but</p>			<p><b>residents found to have been affected by the deficient practice;</b></p> <p>Medications were immediately taken by resident B. The nurse identified as leaving the medications at bedside was re-educated immediately. A self-administration assessment (Exhibit A) was completed on Resident B. Nursing staff are still required to pass his medications per assessment.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</b></p> <p>All Residents have the potential to be affected by the alleged deficient practice. An audit was completed of residents who are eligible for self-administration of Medications. The IDT team met to review the audit and determined no other residents were eligible to self-administer medications.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>All licensed nursing staff were re-educated on the "Medication Administration Policy" (Exhibit B).</p>			

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	<p>were not limited to, acute kidney failure and chronic obstructive pulmonary disease.</p> <p>Current physician orders, dated 1/27/25, indicated Resident B's medications included, but were not limited to, Aspirin 81 milligrams (mg), one tablet by mouth one time a day. Clopidogrel bisulfate tablet (a blood thinner) 75 mg, one tablet by mouth one time a day. Duloxetine (for depression) 30 mg, two tablets by mouth one time a day. Ferrous sulfate (iron) 325 mg, by mouth one time a day. Flomax (to treat an enlarged prostate) 0.4 mg, one tablet by mouth one time a day. Folic acid (supplement) 1 mg, one tablet by mouth one time a day. Gabapentin (to treat nerve pain) 300 mg, one capsule by mouth three times a day. Hydroxyzine pamoate (for anxiety) 25 mg, one capsule by mouth two times a day. Magnesium oxide (supplement) 400 mg, one tablet by mouth two times a day. Metoprolol (anti-hypertensive) 25 mg, one tablet by mouth one time a day. Multivitamin give one tablet by mouth one time a day.</p> <p>The clinical record lacked a self medication administration assessment.</p> <p>During an interview on 1/27/25 at 1:02 p.m., the Interim DON indicated Resident B did not self administer medications and the medications should not have been left on the bedside table.</p> <p>On 1/27/25 at 1:02 p.m., the Interim DON provided the facility's policy, "Medication Administration" undated, and indicated it was the policy currently</p>				<p>The Policy was reviewed with no changes. Careplans were reviewed and updated as needed.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place;</b></p> <p>The Audit tool "Meds at Bedside/Wound TX Documentation" (Exhibit C) will be completed to determine compliance. The DNS or designee will audit 3 times a week for one month, then weekly for 2 months, and monthly 2 months. The audit will be submitted until the Quality Assurance Committee monthly to determine substantial compliance.</p> <p><b>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date; 2/7/2025</b></p>		

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F 0842 SS=D Bldg. 00	<p>being used by the facility. A review of the policy indicated, "... Policy: Medications are administered by licensed nurses ... 18. Observe resident consumption of medication ..."</p> <p>This citation relates to Complaints IN00450128 and IN00450202.</p> <p>3.1-11(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure staff accurately documented wound care treatments for 1 of 3 residents reviewed for documentation. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 1/27/25 at 2:05 p.m. The diagnoses included, but were not limited to, pressure ulcer and osteoarthritis of the knee.</p> <p>Current physician orders, dated 1/27/25, indicated Resident C's treatments included, but were not limited to:</p> <p>Left lateral foot: cleanse with wound cleaners, apply collagen to wound bed and cover with bordered gauze dressing once daily and prn (as needed).</p> <p>Left lateral lower leg: cleanse with wound cleanser, apply collagen to wound bed and cover with bordered gauze dressing once daily and prn.</p> <p>Right medial ankle: cleanse with wound cleanser, apply xeroform cover with bordered gauze, change daily.</p> <p>The clinical record lacked documentation which</p>			F 0842	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>Resident C's dressing identified was immediately checked and had been changed according to the treatment plan. The Medical Director and POA were notified about the identified date the dressing was not changed. They were also made aware the resident was careplanned for refusals of treatment.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</b></p> <p>All residents have the potential to be affected by the alleged deficient practice. No other residents were identified for the deficient practice.</p>		02/07/2025

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	<p>indicated the above treatments had been completed on 1/3/25, 1/6/25, 1/15/25, 1/17/25, 1/21/25, 1/24/25 and 1/25/25, nor had the resident refused the treatments on those dates.</p> <p>During an interview on 1/27/25 at 2:10 p.m., the Interim Director of Nursing (DON) indicated she could not find in the clinical record where Resident C's treatments had been completed or where the resident had refused on the above dates.</p> <p>On 1/27/25 at 2:28 p.m., the Interim DON provided the facility's policy, "Documentation in Medical Record" undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... 1. Licensed staff ... shall document all ... services provided in the resident's medical record in accordance with state law and facility policy ..."</p> <p>This citation relates to Complaints IN00450128 and IN00450202.</p> <p>3.1-50(a)(1)</p>				<p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The policy of "Documentation of Wound Treatments" (Exhibit D) was reviewed with no updates. All Licensed nursing staff were re-educated on the policy. Careplans were reviewed and updated as needed.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place;</b></p> <p>The Audit tool "Meds at Bedside/Wound TX Documentation" (Exhibit C) will be utilized. The DNS or designee will audit 3 times a week for one month, weekly for two months, and monthly two months. The audit will be submitted until the Quality Assurance Committee monthly to determine substantial compliance.</p> <p><b>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be</b></p>		

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