

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

PRINTED: 03/27/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00427763 and IN00429048.</p> <p>Complaint IN00427763 - Federal/state deficiencies related to the allegations are cited at F686 and F880.</p> <p>Complaint IN00429048 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 1 & 4, 2024</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 137 Total: 137</p> <p>Census Payor Type: Medicare: 6 Medicaid: 98 Other: 33 Total: 137</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/7/24.</p>			F 0000	The facility respectfully requests desk review.		
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of						

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 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 30 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>a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a treatment for a pressure ulcer was administered as ordered and failed to thoroughly assess a resident's pressure ulcers upon admission into the facility, for 2 of 3 residents reviewed for pressure ulcers. (Residents D and B)</p> <p>Findings include:</p> <p>1) During an observation on 3/4/24 from 9:53 a.m. to 11:19 a.m., the Nurse Practitioner (NP) Wound Specialist was completing the weekly assessments of Resident D's pressure ulcers. Nurse 1 and CNA's 1 and 2 assisted with the assessments.</p> <p>CNA 1 and CNA 2 positioned the resident on the right side and supported the resident to prevent rolling from the bed.</p> <p>Nurse 1 removed the transparent dressing and wound vacuum tubing over the left hip pressure area and the NP measured and assessed the the area. After the wounds were all assessed and measured, Nurse 1 attempted to change the wound vacuum dressing on the left hip. The left hip area was cleaned, then the Nurse placed the cut foam into the wound opening. The Nurse was</p>			F 0686	<p>Brickyard Merrillville Center - please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B no longer resides in the facility.</p> <p>Resident D received the correct treatment to his pressure injuries immediately and was assessed with no ill effects noted related to the deficient practice.</p>		03/28/2024

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	<p>unable to affix the wound cover firmly on the left hip pressure wound, and CNA 2 left the room to obtain another wound vacuum set up.</p> <p>The wound vacuum kits brought back to the room by CNA 2 were not the correct size, and Nurse 1 then left the room to obtain another kit.</p> <p>Nurse 1 re-entered the room with another wound vacuum kit, and applied the transparent dressing and tubing over the foam. The tubing on the kit was too large for the wound vacuum being used. Nurse 1 indicated there were no other kits and a shipment was to be delivered later that day.</p> <p>Nurse 1 reported this to the Wound Specialist NP. She indicated if more supplies were to arrive today, then Nurse 1 was to place a regular dressing over the left hip and to apply the wound vacuum when the supplies came in.</p> <p>Resident D's record was reviewed on 3/4/24 at 11:38 a.m. The diagnoses included, but were not limited to, stroke.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 2/9/24, indicated a moderately impaired cognitive status, dependent for bed mobility and all other activities of daily living, and had three stage 3 (full thickness tissue loss) pressure ulcers and two unstageable (unable to determine the depth and severity) pressure ulcers.</p> <p>A Care Plan, dated 11/3/23, indicated a pressure wound to the left hip. The interventions included, the pressure area would be treated as ordered.</p> <p>A Physician's Order, dated, 2/19/24, indicated the left hip was to be cleansed with wound cleanser. Calcium alginate (wound repair) was to be applied to</p>				<p>Nurse 1 was immediately educated regarding the "Clean Dressing Change" and "Completing an Accurate Assessment Regarding Pressure Injuries" policies and was checked off by the Director of Clinical Education (DCE) utilizing the "Validation Checklist Wound Care" prior to performing further treatments.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current resident with wounds have the potential to be affected by this alleged deficient practice. All current residents with wounds were reviewed and and no current residents with wounds were noted to be affected by the deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE/designee educated all licensed nursing staff on the "Clean Dressing Change" and "Completing an Accurate Assessment Regarding Pressure</p>		

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	<p>the wound bed and the wound vacuum was to applied to the wound on Monday, Wednesday, and Friday.</p> <p>The 3/4/24 Wound Specialist NP Progress Note, indicated the left hip was 5.5 cm (centimeters) by 7 cm with a depth of 1 cm. The area was improving and had undermining from 12-3 o'clock which measured 5 cm. The area had heavy serosanguinous (blood/serum) drainage. The area was cleansed with wound cleanser. The primary treatment was calcium alginate to the surface level that is open and the wound vacuum three times a week.</p> <p>During an observation on 3/4/24 at 1:21 p.m. through 2:21 p.m., Nurse 1 and the ADON (Assistant Director of Nursing) entered the room. The ADON supported the resident on his right side. Nurse 1 cleansed the left hip area. Nurse 1 placed a cut foam piece into the wound and indicated the treatment was for calcium alginate and the wound vacuum. Nurse 1 indicated the calcium alginate was on the foam and was unable to provide information the calcium alginate was on the foam upon review of the wound vacuum kit package.</p> <p>Nurse 1 then indicated the Wound Specialist NP had only wanted the foam and the wound vacuum applied to the wound. The Physician's Orders were reviewed. The ADON indicated the Physician's Orders were to be followed. Nurse 1 then placed the calcium alginate over the foam that was placed in the wound and the ADON informed him the calcium alginate was to be placed in the wound and then the foam was to be placed.</p> <p>The calcium alginate had not been applied to the</p>			<p>Injuries" policies prior to the date of compliance.</p> <p>The wound nurse/designee will audit all residents with wounds 2 times/week x 3 months, then weekly x 3 months to ensure all residents with wounds have a thorough assessment of their wounds documented per policy. Audits will include all shifts and units and weekends.</p> <p>The DCE/designee will perform audits of all licensed nurses utilizing the "Validation Checklist Wound Care" to ensure physician's orders are followed and wound care is performed in accordance with facility policies. Audits will occur 3 times per week x 3 months, then weekly x 3 months. Audits will include all shifts and units and weekends.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance Committee monthly x 6 months. Thereafter, if determined by the Quality Assurance Committee that further monitoring is needed, audits will continue.</p>			

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	<p>wound on either wound treatment observation.</p> <p>2) Resident B's closed record was reviewed on 3/1/24 at 10:31 a.m. The resident was admitted on 1/29/24 and discharged on 2/3/24.</p> <p>The diagnoses included, but were not limited to, dementia.</p> <p>An Admission MDS assessment, dated 2/3/24, indicated a long and short term memory problem, was dependent for bed mobility and transfers, had no pressure ulcers, and received pressure ulcer care.</p> <p>During an interview with the MDS Nurse, she indicated she was unable to document the resident had pressure ulcers on the MDS because there were no measurements or assessments, but the resident had treatment orders.</p> <p>The Nurse's Admission Assessment, dated 1/29/24, indicated there was a pressure ulcer located on the coccyx and the left buttock.</p> <p>There were no further assessments of the pressure ulcers on the coccyx and left buttocks.</p> <p>A Hospital transfer Physician's Order, dated 1/29/24, indicated there were pressure ulcers on the sacrum and left ischium. They were to be cleansed, plurogel (moist wound healing treatment) was to be applied, and the areas were to be covered with a foam adhesive dressing every three days.</p> <p>A Physician's Order, dated 2/1/24, indicated the wound treatments had been changed, and the areas were to be cleansed, collagen (wound healing) was to be applied, and then the areas</p>						

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	<p>covered with a border foam dressing daily and as needed.</p> <p>There were no wound assessments by the facility located in the record from 1/29/24 through 2/3/24.</p> <p>During an interview on 3/1/24 at 12:03 p.m., the Director of Nursing (DON) was unable to locate assessments of the pressure ulcers in the record.</p> <p>During an interview on 3/1/24 at 12:35 p.m., the DON indicated she was attempting to call the Wound Nurse at the time to see if she had measurements written down elsewhere.</p> <p>During an interview on 3/4/24 at 8:30 a.m., the DON indicated a piece of paper the Admitting Nurse had given her, had the wounds measured. Notes written on the back of a piece of paper not in the resident's medical record, with no date and no other descriptions, indicated, the sacrum measured 9 cm x 11 cm x 0.4 cm, the left ischium measured 4 cm x 4 cm x 0.3 cm. There were deep tissue injuries (non-open pressure to the skin) on the right buttock, which measured 3 cm x 3 cm, the right hip 7 cm x 5 cm, and the left thigh 2 cm x 0.1 cm.</p> <p>A pressure ulcer policy, dated 2023 and received from the DON as current, indicated interventions would be implemented for all residents who were assessed at risk or who had a pressure injury present. Individual interventions would be specific to the factors identified in the pressure injury assessment. Interventions would be implemented in accordance with the Physician's Orders.</p> <p>This citation relates to Complaint IN00427763.</p>						

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F 0880 SS=D Bldg. 00	<p>3.1-40(a)(2)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based</p>						

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	<p>precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were implemented, related to hand hygiene with resident care and glove removal, changes of contaminated gloves,</p>			F 0880	Brickyard Merrillville Center - please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the		03/28/2024

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	<p>cleaning of reusable equipment, and contamination of gauze during an observation of wound care. (Resident D and Nurse 1)</p> <p>Finding includes:</p> <p>During an observation of wound care for Resident D on 3/4/24 from 9:53 a.m. to 11:19 a.m., Nurse 1 donned gloves. The wound dressing was removed from the right heel by Nurse 1 with a gloved hand. There was serosanguinous drainage on the dressing and slough on the right heel. Nurse 1 then reached for the bottle of spray wound wash, with the same gloved hands. He sprayed the wound wash on a gauze pad and patted the wound to cleanse. He then reached into the bag of gauze pads and obtained more pads with the same gloves he used to remove the dressing and clean the wound. He sprayed more wound wash from the bottle on the gauze, and continued to cleanse the wound. He then used his gloved hand to push his hair behind his ear.</p> <p>He then started to place a clean dressing on the heel and was stopped, due to the gloves had not been changed and touching his hair. He acknowledged this had not been completed, then changed gloves without performing hand hygiene.</p> <p>He then removed the transparent dressing from the left hip wound, and removed the wound vacuum tubing and the foam from the wound with a gloved hand. He then left the room without removal of the gloves or hand hygiene, and was observed at the treatment cart in the hall. He was then stopped and reminded he still had gloves on from the dressing/wound vacuum removal. He then removed the gloves and alcohol based hand rub was used.</p>				<p>facility and is submitted only in response to the regulatory requirement.</p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D received the correct treatment to his pressure injuries immediately and was assessed with no ill effects noted related to the alleged deficient practice.</p> <p>Nurse 1 was immediately educated regarding the "Hand Hygiene", "Clean Dressing Change" and "Cleaning and Disinfection of Resident Care Equipment" policies and was checked off by the Director of Clinical Education (DCE) utilizing the "Validation Checklist Wound Care" and "Validation Checklist Hand Hygiene" prior to performing further treatments.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current residents with wounds have the potential to be affected</p>		

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	<p>Nurse 1 re-entered the room, then donned gloves and sprayed the wound wash on a gauze and cleansed the wound on the coccyx, and applied a dressing to the wound.</p> <p>Nurse 1 then attempted to place the wound vacuum on the left hip. He cut the foam with the scissors, and then placed the foam inside the right hip wound, then used the same gloved hands to reach inside the bag that contained gauze, and used a gauze pad to cleanse around the wound. He was unable to get the wound cover to affix firmly around the the wound, and asked the CNA in the room to obtain another kit for him, then removed his gloves with hand hygiene.</p> <p>While waiting for the new wound vacuum kit, he wiped sweat off his brow with a tissue from his pocket, and pulled his hair back away from his face several times. When the new wound vacuum kit arrived to the room, he started to don gloves and was stopped due to no hand hygiene had been completed. He then went to the bathroom and washed his hands.</p> <p>After care had been completed, he discarded the unused wound vacuum supplies that were opened. He removed the bag of gauze, the wound wash spray, and the scissors from the room, and placed them directly on the treatment cart. He then moved the treatment cart to the other unit for another dressing change.</p> <p>The resident for the other dressing change was not in their room and a decision was made to complete other dressing changes. Nurse 1 was then stopped. Once informed of the contamination of the gauze in the bag, the wound wash, and the scissors, he discarded the gauze bag and cleansed</p>			<p>by this alleged deficient practice. All current residents with wounds were reviewed and no residents were noted to be affected by the alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The DCE/designee educated all licensed nursing staff on the "Hand Hygiene", "Clean Dressing Change" and "Cleaning and Disinfection of Resident Care Equipment" policies prior to the date of compliance.</p> <p>The wound nurse/designee will audit all residents with wounds 2 times/week x 3 months, then weekly x 3 months to ensure cleaning and disinfection of equipment, hand hygiene and wound care for all residents with wounds is completed per facility policies. Audits will include all shifts and untis and weekends.</p> <p>The DCE/designee will perform audits of all licensed nurses utilizing the "Validation Checklist Wound Care" and "Validation Checklist Hand Hygiene" to ensure wound care is performed in accordance with facility policies. Audits will occur 3 times per week x 3 months, then weekly x 3</p>			

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155362		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410			
(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
	the scissors and wound wash bottle with sanitizing wipes. A clean dressing change policy, dated 2023 and received from the Director of Nursing (DON) as current, indicated hands were to be washed and clean gloves were to be applied prior to the dressing change, after removal of the dressing, after cleansing the wound, and after the new dressing was applied. A hand hygiene policy, dated 2023 and received from the DON as current, indicated the staff would perform hand hygiene when indicated. This citation relates to Complaint IN00427763. 3.1-18(b)				months. Audits will include all shifts and units and weekends. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance Committee monthly for six months. Thereafter, if determined by the Quailty Assurance Committee that further monitoring is needed, audits will continue.		