PRINTED: 02/16/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155834			JILDING ING	construction 00	(X3) DATE SURVEY COMPLETED 01/26/2024		
NAME OF PROVIDER OR SUPPLIER					T ADDRESS, CITY, STATE, ZIP COD WEST 86TH STREET		
BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CEN					ANAPOLIS, IN 46260		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE		(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)		COMPLETION DATE
F 0000							
Bldg. 00							
Blug. 00	IN00416641, IN00 IN00426517.	he Investigation of Complaints 1419295, IN00424499 and 16641 - Federal/State deficiencies	F 00	000			
	•	ations are cited at F684.					
	Complaint IN0041 the allegations are	9295 - No deficiencies related to cited.					
	Complaint IN0042 the allegations are	4499 - No deficiencies related to cited.					
	Complaint IN0042 the allegations are	6517 - No deficiencies related to cited.					
	Survey dates: Janu	ary 24, 25 and 26, 2024.					
	Facility number: 0 Provider number: 1002	155834					
	Census Bed Type: SNF/NF: 58 Total: 58						
	Census Payor Typo Medicare: 5 Medicaid: 47 Other: 6 Total: 58	e:					
	This deficiency ref	lects State Findings cited in 10 IAC 16.2-3.1.					
	Quality review was 2024.	s completed on February 2,					
LABORATOR	Y DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATUR	Е	TITLE		(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

Ashley Garth

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RN-DNS

02/12/2024

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F 0684 SS=D Duality of Care Ş 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must tensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure the staff notified the physician when the staff were unable to obtain a seal on a wound VAC (vacuum-Assisted Closure) (a device which decreases air pressure on the wound to help it heal more quickly), of the need to alter treatment, and to get a physician's order when the treatment was changed to a wet-to-dry dressing for 1 of 3 residents reviewed for quality of care. (Resident B) Findings include: F 0684 Preparation or execution of the plan of correction does not constitute admission or agreement or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is submitted to respond to allegations of noncompliance cited. Please accept this plan of correction as the provider's credible allegation of compliance. The clinical record for Resident B was reviewed on 01/26/24 at 10:57 a.m. The diagnoses included,	CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES				OM	B NO. 0938-039		
Date of PROVIDER OS SUPPLIER BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTEI TAG SUMMARY STATEMENT OF DEFICIENCY TAG SUMMARY STATEMENT OF DEFICIENCY TAG RIGULATORY OR LSC IDENTIFYING INFORMATION TAG RIGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX TAG Quality of Care Quality of Care is a fundamental principle that applies to all treatment and care in accordance with professional standards of practice, the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents choices. Based on interview and record review, the facility failed to ensure the staff notified the physician when the staff were unable to obtain a scal on a wound VAC (Vacuum-Assisted Closure) (a device which decreases air pressure on the wound to help in heal more quickly), of the need to alter treatment, and to get a physician's order when the treatment was changed to a wet-to-dry dressing for 1 of 3 residents reviewed for quality of care. (Resident B) During an interview, on 01/25/24 at 11:41 a.m., RN 1 indicated she was not able to seal the wound VAC, so she applied a wet to dry fressing for 1 of 3 residents reviewed for quality of care. (Resident B) During an interview, on 01/25/24 at 11:41 a.m., RN 1 indicated she was not able to seal the wound VAC, so she applied a wet to dry fressing. She did not think about asking another nurse to assist her with the wound VAC. At the time, the facility was using contract nurses, and she did not think they were knowledgeable with wound VACs. The clinical record for Resident B was reviewed on 01/26/24 at 10:57 a.m. The diagnoses included,			IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION FORSE SS-D Bildg. 00 S 483.25 Quality of Care § 483.25 Quality of care or said freatment and care provided to facility residents. Based on the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure the staff notified the physician when the staff were unable to obtain a seal on a wound VAC (Vacuum-Assisted Closure) (a device which decreases air pressure on the wound to help it heal more quickly), of the need to alter treatment, and to get a physician's order when the treatment was changed to a wet-to-dry dressing for 1 of 3 residents reviewed for quality of care. (Resident B) During an interview, on 01/25/24 at 11:41 a.m., RN 1 indicated she was not able to seal the wound VAC, so she applied a wet to dry dressing. She did not notify the physician. She did not think about asking another muse to assist her with the wound VAC. At the time, the facility was using contract nurses, and she did not think they were knowledgeable with wound VACs. The clinical record for Resident B was reviewed on 01/26/24 at 10:57 a.m. The diagnoses included, Preparation or execution of the plan of correction does not constitute administon or agreement or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is submitted to respond to allegations of noncompliance cited. Please accept this plan of correction as the provider's credible allegation of compliance. The clinical record for Resident B was reviewed on 01/26/24 at 10:57 a.m. The diagnoses included,				NTEI	2002 WEST 86TH STREET					
SS=D Bldg. 00 Reg 483.25 Quality of Care S 483.25 Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure the staff notified the physician when the staff were unable to obtain a seal on a wound VAC (Vacuum-Assisted Closure) (a device which decreases air pressure on the wound to help it heal more quickly), of the need to alter treatment, and to get a physician's order when the treatment was changed to a wet-to-dry dressing for 1 of 3 residents reviewed for quality of care. (Resident B) Findings include: Preparation or execution of the plan of correction does not constitute admission or agreement or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by th	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION		
aftercare following surgery on the skin and subcutaneous tissue, hidradenitis suppurativa (a residents found to have been	SS=D	Quality of Care § 483.25 Quality of Quality of care is a applies to all treating facility residents. Ecomprehensive as facility must ensure treatment and care professional stand comprehensive peand the residents' Based on interview failed to ensure the when the staff were wound VAC (Vacua which decreases air help it heal more quality treatment, and to get reatment was change for 1 of 3 residents in (Resident B) Findings include: During an interview 1 indicated she was VAC, so she applied did not notify the pla about asking another wound VAC. At the contract nurses, and knowledgeable with the clinical record on 01/26/24 at 10:5 but were not limited aftercare following	a fundamental principle that ment and care provided to Based on the seessment of a resident, the residents receive in accordance with lards of practice, the erson-centered care plan, choices. and record review, the facility staff notified the physician unable to obtain a seal on a sum-Assisted Closure) (a device pressure on the wound to tickly), of the need to alter a physician's order when the ged to a wet-to-dry dressing reviewed for quality of care. A, on 01/25/24 at 11:41 a.m., RN not able to seal the wound d a wet to dry dressing. She hysician. She did not think are nurse to assist her with the retime, the facility was using a she did not think they were a wound VACs. For Resident B was reviewed 7 a.m. The diagnoses included, at to, encounter for surgical surgery on the skin and	FO	684	plan of correction does not constitute admission or agree or conclusion set forth on the statement of deficiencies. The plan of correction is prepared executed solely because it is required by the position of fed and state law. The plan of correction is prepared and executed solely because it is required by the position of fed and state law. The plan of correction is submitted to resp to allegations of noncompliancited. Please accept this plan correction as the provider's credible allegation of compliant The provider respectfully required a desk review with paper compliance to be considered establishing that the provider substantial compliance. 1. What corrective actions be accomplished for those	ment e and deral deral ce of nce. uests in is in will	02/12/2024		

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painful, long-term skin condition which causes

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affected by the deficient practice.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155834		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/26/2024			
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENT			NTEI	STREET ADDRESS, CITY, STATE, ZIP COD 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)		DATE	
	skin abscesses and diabetes mellitus.	scarring on the skin), and			Resident B no longer resides the facility.	at		
	Resident 2 admitted	d to the facility on 08/24/23. At			2. How other residents having			
	the time of his adm	ission to the facility, he had a			the potential to be affected by the			
	Negative Pressure	Wound VAC in place and		same deficient practice will be		!		
	working.				identified and what corrective			
					actions will be taken.			
		indicated to change the			="" span="">			
		right axilla (arm pit) every			All resident with Negative			
	Monday and Thurse	day.		Pressure Wound Therapy (NPWT)				
	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				have the potential to be affect	ed.		
	A nursing progress note, dated 08/24/23,							
	indicated the resident arrived at the facility, from				3. What measures will be p	out		
	the hospital, with a wound VAC to the right upper				into place and what systemic changes will be made to ensure			
	extremity.				_			
	A managing managements dated 09/06/02 at 7.57				that the deficient practice doe	s not		
	A nursing progress note, dated 08/26/23 at 7:57 p.m., indicated RN 1 was unable to obtain a proper				recur. Licensed staff educated on			
	_				Negative Pressure Wound Th	orany		
	seal on the wound VAC dressing and a wet to dry dressing was applied to the wound. There was no				(NPWT).	ыару		
	note to show the physician had been notified.				(141 771).			
	nete to she water par	y 2. 2.4			4. How the corrective actio	ns		
	A nursing progress	note, dated 08/27/23 at 2:33			will be monitored to ensure the			
	a.m., indicated RN 1 was unable to obtain a proper				deficient practice will not			
		VAC dressing and a wet to dry			recur.i.e., what quality assura	nce		
		ed to the wound. There was no			program will be put into place			
	note to show the physician had been notified.				p="">			
	* *				DNS/designee will review			
	Resident B's clinical record did not have a				residents with NPWT to ensur	e		
	physician's order for the wet to dry dressing.			alternative orders are in place.				
				DNS/designee will review clinical				
	A nursing progress note, dated 08/28/23 at 7:19				documentation daily for NPWT			
	a.m., indicated a licensed staff member would				failure. This review will occur 5x			
	redress the wound VAC that morning.				weekly for 6 weeks, then			
					3xweekly for 6 weeks, then 1x			
	The Medication Administration and Treatment				weekly for 3 months. Any negative			
	Record indicated the wound VAC was changed				findings will corrected			
	on 08/28/23.				immediately. Results of all au	dits		

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will be reviewed monthly at QAPI

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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDING <u>00</u>			COMPLETED	
155834			B. W	TNG		01/26/2024	
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
					EST 86TH STREET		
BRICKY	ARD HEALTHCARE	E - WILLOW SPRINGS CARE CEN	ITEI	INDIAN	APOLIS, IN 46260		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
TAG		R LSC IDENTIFYING INFORMATION	-	TAG		DATE .	—
		otes, dated 08/29/23 to rge to the hospital on 08/31/23,			for the next 6 months to identiany trends or patterns. If any	У	
		nt refused to have the wound			issues identified, will continue		
	VAC dressing chan				audits based on IDT		
	8	5			recommendation, otherwise w	ill	
	During an interview	y, on 01/25/24 at 9:55 a.m., the			review on a PRN basis.		
	_	indicated Resident B arrived			5. Date of Compliance: 2-12-2	4	
	1	Negative Pressure Wound					
	_	er for the connecting tube did					
	not work and the fa wound VAC.	cility had to order another					
	wound vAC.						
	During an interview, on 01/25/24 at 11:52 a.m., the Corporate Support Nurse indicated the facility						
	policy was a wet to dry dressing should be placed						
	if a wound therapy	could not be resumed within					
		lity did not have a physician's					
	order to place a wet-to-dry dressing.						
	During an interview, on 01/26/24 at 8:30 a.m., the						
	_	Nurse indicated neither she					
		Nursing were notified there					
	was an issue with th	ne wound vacuum, or they					
		ed the problem. She indicated					
	the facility policy to apply a wet to dry dressing						
	was not a physician	's order.					
	During an interview	y, on 01/26/24 at 10:07 a.m., the					
	~	Nurse indicated the facility did					
		or physician's orders, only a					
		orders. She provided a policy					
		Orders" and indicated it					
	addressed the need	for a physician's order.					
	A facility policy, titled "Admission Orders," dated						
		received from the Corporate					
	1	1/26/24 at 10:07 a.m., indicated					
		vsician assistant, nurse					
		cal nurse specialist must					
	provide written and/or verbal orders for the						

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

PRINTED: 02/16/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155834	A. BU	2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/26/2024		
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENT			TEI	STREET ADDRESS, CITY, STATE, ZIP COD 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			IID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		ΛTE	(X5) COMPLETION DATE	
	resident's immediate care and needs" A facility policy, titled "Notification of Changes," dated October 2022 and received from the Corporate Support Nurse on 01/26/24 at 4:32 p.m., indicated "Circumstances requiring notification includeCircumstances that require a need to alter treatmentThis may includeNew treatment" This citation relates to Complaint IN00416641. 3.1-37(a)							

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