

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		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/26/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTE				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)			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 IN00416641, IN00419295, IN00424499 and IN00426517.</p> <p>Complaint IN00416641 - Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00419295 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00424499 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426517 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 24, 25 and 26, 2024.</p> <p>Facility number: 013738 Provider number: 155834 AIM number: 100272170</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 5 Medicaid: 47 Other: 6 Total: 58</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on February 2, 2024.</p>			F 0000			

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

TITLE

(X6) DATE

Ashley Garth

RN-DNS

02/12/2024

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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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 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 ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>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)</p> <p>Findings include:</p> <p>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 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.</p> <p>The clinical record for Resident B was reviewed on 01/26/24 at 10:57 a.m. The diagnoses included, but were not limited to, encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, hidradenitis suppurativa (a painful, long-term skin condition which causes</p>			F 0684	<p>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 submitted to respond to allegations of noncompliance cited. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p>		02/12/2024

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	<p>skin abscesses and scarring on the skin), and diabetes mellitus.</p> <p>Resident 2 admitted to the facility on 08/24/23. At the time of his admission to the facility, he had a Negative Pressure Wound VAC in place and working.</p> <p>A physician's order indicated to change the wound VAC to the right axilla (arm pit) every Monday and Thursday.</p> <p>A nursing progress note, dated 08/24/23, indicated the resident arrived at the facility, from the hospital, with a wound VAC to the right upper extremity.</p> <p>A nursing progress note, dated 08/26/23 at 7:57 p.m., indicated RN 1 was unable to obtain a proper seal on the wound VAC dressing and a wet to dry dressing was applied to the wound. There was no note to show the physician had been notified.</p> <p>A nursing progress note, dated 08/27/23 at 2:33 a.m., indicated RN 1 was unable to obtain a proper seal on the wound VAC dressing and a wet to dry dressing was applied to the wound. There was no note to show the physician had been notified.</p> <p>Resident B's clinical record did not have a physician's order for the wet to dry dressing.</p> <p>A nursing progress note, dated 08/28/23 at 7:19 a.m., indicated a licensed staff member would redress the wound VAC that morning.</p> <p>The Medication Administration and Treatment Record indicated the wound VAC was changed on 08/28/23.</p>				<p>Resident B no longer resides at the facility.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. ="" span=""> All resident with Negative Pressure Wound Therapy (NPWT) have the potential to be affected.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. Licensed staff educated on Negative Pressure Wound Therapy (NPWT).</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur.i.e., what quality assurance program will be put into place. p=""> DNS/designee will review residents with NPWT to ensure alternative orders are in place. DNS/designee will review clinical documentation daily for NPWT failure. This review will occur 5x weekly for 6 weeks, then 3xweekly for 6 weeks, then 1x weekly for 3 months. Any negative findings will corrected immediately. Results of all audits will be reviewed monthly at QAPI</p>		

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	<p>Nursing progress notes, dated 08/29/23 to Resident B's discharge to the hospital on 08/31/23, indicated the resident refused to have the wound VAC dressing changed.</p> <p>During an interview, on 01/25/24 at 9:55 a.m., the Director of Nursing indicated Resident B arrived at the facility with a Negative Pressure Wound VAC, but the adapter for the connecting tube did not work and the facility had to order another wound VAC.</p> <p>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 two hours. The facility did not have a physician's order to place a wet-to-dry dressing.</p> <p>During an interview, on 01/26/24 at 8:30 a.m., the Corporate Support Nurse indicated neither she nor the Director of Nursing were notified there was an issue with the wound vacuum, or they would have addressed the problem. She indicated the facility policy to apply a wet to dry dressing was not a physician's order.</p> <p>During an interview, on 01/26/24 at 10:07 a.m., the Corporate Support Nurse indicated the facility did not have a policy for physician's orders, only a policy on admission orders. She provided a policy titled "Admission Orders" and indicated it addressed the need for a physician's order.</p> <p>A facility policy, titled "Admission Orders," dated February 2023 and received from the Corporate Support Nurse on 01/26/24 at 10:07 a.m., indicated "...A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the</p>			<p>for the next 6 months to identify any trends or patterns. If any issues identified, will continue audits based on IDT recommendation, otherwise will review on a PRN basis.</p> <p>5. Date of Compliance: 2-12-24</p>			

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	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 include...Circumstances that require a need to alter treatment...This may include...New treatment...." This citation relates to Complaint IN00416641. 3.1-37(a)						