

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

PRINTED: 02/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - CHURCHMAN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203		
(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 IN00423163, IN00423442, and IN00426365.</p> <p>Complaint IN00423163 - Federal/State deficiencies related to the allegations are cited at F600.</p> <p>Complaint IN00423442 - No deficiencies related to allegations are cited.</p> <p>Complaint IN00426365 - No deficiencies related to allegations are cited.</p> <p>Survey date: January 31, 2024</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicaid: 60 Other: 7 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 1, 2024.</p>	F 000			
F 600 SS=D	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p>	F 600			

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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F 600	<p>Continued From page 1</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be free from sexual abuse by another resident for 1 of 3 residents reviewed. A male resident entered a female resident's room and exposed himself and masturbated. (Resident B, Resident C)</p> <p>Finding includes:</p> <p>During an interview on 1/31/24 at 8:29 a.m., Resident B indicated several weeks ago, on night shift, Resident C entered Resident B's room pulled out his (Resident C) penis and started to masturbate. Resident B got up off of her bed and left her room to get a nurse.</p> <p>During an interview on 1/31/24 at 9:30 a.m., the Administrator indicated on 12/2/23 at approximately 11:30 p.m., the Administrator was made aware that Resident C entered Resident B's room in his wheelchair, exposed himself, and started to masturbate in front of Resident B. Resident B immediately got up and pushed Resident C's wheelchair out of Resident B's</p>	F 600	Past noncompliance: no plan of correction required.		

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F 600	<p>Continued From page 2</p> <p>room. Then Resident B left her room to get a nurse. During the investigation Resident C admitted to exposing himself and masturbating in Resident B's room.</p> <p>On 1/31/24 at 10:06 a.m., the Administrator provided a copy of a facility reportable incident report, dated 12/3/23, which indicated on 12/2/23 at 11:30 p.m., Resident C wheeled into Resident B's room and began touching himself inappropriately. Resident B left her room. Resident C apologized and was redirected to Resident C's room where privacy was established. Resident C remained on one-on-one supervision until his planned discharge.</p> <p>The clinical record for Resident B was reviewed on 1/31/24 at 9:04 a.m. The diagnoses included, but were not limited to, major depression, anxiety, and alcohol dependence.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 1/11/24, indicated Resident B was moderately cognitively impaired.</p> <p>The clinical record for Resident C was reviewed on 1/31/24 at 12:16 p.m. The diagnoses included, but were not limited to, schizoaffective disorder, malnutrition, and reduced mobility.</p> <p>An Admission MDS assessment, dated 11/1/23, indicated Resident C was cognitively intact.</p> <p>On 1/31/24 at 8:49 a.m. the Assistant Director of Nursing provided an undated copy of a facility policy, titled Abuse, Neglect and Exploitation, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to prevent abuse.</p>	F 600			

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F 600	Continued From page 3 The deficient practice was corrected on 12/3/23 after the facility implemented a systemic plan that included the following actions: the facility inserviced the staff on resident abuse, interviewed residents about abuse, and ongoing monitoring of resident behaviors, interventions, and social service follow-up. The Federal tag relates to Complaint IN00423163. 3.1-27(a)(1)	F 600		