

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

PRINTED: 06/17/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155076		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/27/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - BROOKVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7145 E 21ST STREET INDIANAPOLIS, IN 46219			
(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 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00459452 and Complaint IN00460111.</p> <p>Complaint IN00460111 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459452 - Federal/state deficiencies related to the allegations are cited at F684 and F694.</p> <p>Survey dates: May 27, 2025</p> <p>Facility number: 000031 Provider number: 155076 AIM number: 100266150</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 4 Medicaid: 69 Other: 12 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 30, 2025.</p>			F 0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction was prepared and executed to continuously improve care quality and comply with all applicable federal and state requirements. The facility respectfully requests a desk review of our responses to this survey.		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure a resident was transported to appointments regarding a tunneled catheter</p>			F 0684	Preparation, submission and implementation of this Plan of Correction does not constitute an		06/30/2025

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

TITLE

(X6) DATE

Corrine Thompson

HFA. Executive Director

06/13/2025

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 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>removal for 1 of 3 residents reviewed for appointments. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/27/25 at 10:30 a.m. The diagnoses included, but were not limited to, anoxic brain damage (brain being deprived of oxygen), tracheostomy status ((surgically created hole in the neck that connects to the trachea (windpipe) to help a person breathe)), gastrostomy status (tube inserted through the abdomen and into the stomach), and osteomyelitis of vertebra (infection of the bone).</p> <p>A care plan, dated 4/15/25, indicated Resident B was on intravenous (IV) antibiotics related to an infection. The interventions included, but were not limited to, observing the IV dressing, changing the IV dressing and IV tubing as directed, monitor for signs and symptoms of infection, and monitor for signs of leaking at the IV side, edema at the IV insertion site, and/or any leaking of IV fluid out of the insertion site.</p> <p>A physician note, dated 4/29/25, indicated Resident B was scheduled for a tunneled catheter removal on 5/6/25 in the interventional radiology department at a local hospital.</p> <p>A progress note, dated 5/6/25 at 1:44 p.m., indicated Resident B's appointment was rescheduled due to a transportation issue.</p> <p>A progress note, dated 5/12/25 at 11:13 a.m., indicated Resident B's appointment was missed due to the transportation company arriving at the facility early. The transportation company left and never returned to take Resident B to his scheduled appointment.</p>				<p>admission or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction was prepared and executed to continuously improve care quality and comply with all applicable federal and state requirements. The facility respectfully requests a desk review of our responses to this survey.</p> <p>F684 Quality Care:</p> <ul style="list-style-type: none"> <li>· What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Corrective action accomplished for resident B have been corrective effective 05/12/2025.</li> <li>· 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: All residents have the potential to be affected by this alleged deficient practice, after auditing all resident charts no additional residents were affected alleged deficiency.</li> <li>· What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Education was completed with nursing staff on Appointment scheduling and Transportation communication. We will utilize our centralized scheduling for transportation and review in morning meeting all upcoming and</li> </ul>		

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	<p>An interview was conducted with Registered Nurse (RN) 1 on 5/27/25 at 11:54 a.m. She indicated, on 5/6/25, she realized the transportation company didn't arrive at the facility to transport Resident B to his appointment and it was getting close to his appointment time. RN 1 contacted the transportation company, and they indicated Resident B was not on the list to be transported on 5/6/25. On 5/12/25, the transportation company arrived but it was around 11:00 a.m. and the appointment was for 1:00 p.m. RN 1 was under the impression Family Member 2 wanted to accompany Resident B to his appointments. Since Family Member 2 was not there, RN 1 instructed the transportation company to return later to pick up Resident B. The transportation company never returned to pick up Resident B for his appointment on 5/12/25. RN 1 indicated she did not call Family Member 2 to confirm if they were accompanying Resident B to his appointment.</p> <p>An interview was conducted with Family Member 2 on 5/27/25 at 11:39 a.m. She indicated Resident B had experienced missed appointments for the removal of his IV access on 5/6/25 and 5/12/25. On 5/12/25, she was told the transportation company arrived early and the facility staff didn't have Resident B go to the appointment because it was too early. So, the appointment was cancelled due to Family Member 2 not being there. Family Member 2 indicated she did not need to be there. Resident B was just to undergo the removal of his IV access.</p> <p>An appointment was scheduled, on 5/29/25, for Resident B's tunneled catheter removal.</p> <p>An interview conducted with the Director of</p>				<p>day of appointments.</p> <ul style="list-style-type: none"> <li>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: We will utilize our centralized scheduling for transportation and review in morning meeting all upcoming and day of appointments. All findings of concern will be immediately addressed and reported to QAPI committee monthly for further review and instruction. The DON or designee will conduct these audits at random weekly x 4 weeks, then bi-weekly x 2 weeks and monthly for 1 month. All findings of concern will be immediately addressed ad reported to QAPI committee monthly.</li> <li>By what date the systemic changes for each deficiency will be completed: 06/30/2025</li> </ul>		

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F 0694 SS=D Bldg. 00	<p>Nursing (DON), on 5/27/25 at 2:22 p.m., indicated there was no facility policy regarding resident appointments.</p> <p>This citation is related to Complaint IN00459452.</p> <p>3.1-37(a)</p> <p>483.25(h) Parenteral/IV Fluids</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with an intravenous (IV) access had orders for continued care for the IV access for 1 of 1 resident reviewed for IV access. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/27/25 at 10:30 a.m. The diagnoses included, but were not limited to, anoxic brain damage (brain being deprived of oxygen), tracheostomy status ((surgically created hole in the neck that connects to the trachea (windpipe) to help a person breathe)), gastrostomy status (tube inserted through the abdomen and into the stomach), and osteomyelitis of vertebra (infection of the bone).</p> <p>A physician order, dated 4/3/25, indicated the administration of Ertapenem Sodium Solution Reconstituted (broad spectrum antibiotic); administer one gram IV in the evening for an infection for six weeks.</p> <p>An IV care plan, dated 4/15/25, indicated Resident B was on IV antibiotics related to an infection. The interventions included, but were not limited to, observing the IV dressing, changing the IV dressing and IV tubing as directed, monitor for</p>			F 0694	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction was prepared and executed to continuously improve care quality and comply with all applicable federal and state requirements. The facility respectfully requests a desk review of our responses to this survey.</p> <p>F694 Parental / IV Fluids:</p> <ul style="list-style-type: none"> <li>· What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</li> </ul> <p>Corrective action accomplished for resident B have been corrective effective 05/12/2025.</p> <ul style="list-style-type: none"> <li>· 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: All residents have the potential to be affected by this alleged deficient</li> </ul>		06/30/2025

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	<p>signs and symptoms of infection, and monitor for signs of leaking at the IV side, edema at the IV insertion site, and/or any leaking of IV fluid out of the insertion site.</p> <p>The April 2025 electronic medication administration record (EMAR) indicated Resident B's left chest single lumen PICC (peripherally inserted central catheter; form of IV access that can be used for an extended period) dressing was to be changed on a routine basis while in use. The order start date was 4/4/25 and discontinued on 5/2/25.</p> <p>The April 2025 EMAR indicated Resident B's left chest singe lumen PICC was to be observed every shift for signs and symptoms of infection. The order start date was 4/4/25 and discontinued on 5/2/25.</p> <p>A physician note, dated 4/29/25, indicated Resident B was scheduled for a tunneled catheter removal on 5/6/25 in the interventional radiology department at a local hospital.</p> <p>A progress note, dated 5/2/25, indicated Resident B's left chest singe lumen PICC was not a PICC. An appointment for the removal of the tunneled catheter line was scheduled for 5/6/25.</p> <p>The electronic health record indicated the following appointments were scheduled for Resident B's removal of the tunneled catheter, but the procedure was not able to be completed on 5/6/25 and 5/12/25.</p> <p>An appointment was scheduled for Resident B's tunneled catheter removal on 5/29/25.</p> <p>An observation was conducted of Resident B, on</p>				<p>practice, after auditing all resident charts no additional residents were affected alleged deficiency.</p> <p>· What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: All nurses were educated on following MD orders and treatment administration and documentation, as well as notification of adverse outcomes or protocols as ordered by MD.</p> <p>· How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The DON or designee will audit for compliance for all treatment orders for administration and documentation (business days) a weekly as well as MD notification for outcomes outside of ordered protocols. DON or designee will conduct these audits at random weekly x 4 weeks, then bi-weekly x 2 weeks and monthly for 1 month. All findings of concern will be immediately addressed ad reported to QAPI committee monthly.</p> <p>· By what date the systemic changes for each deficiency will be completed: 06/30/2025</p>		

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	<p>5/27/25 at 11:25 a.m., with the Director of Nursing (DON). An IV access was still noted on Resident B's left chest. There was a dressing observed to the IV access with a written date of 5/21/25. The DON indicated the residents with an IV access should have monitoring and dressing changes conducted.</p> <p>There were no current orders reflective of the care and maintenance of the IV site to include any dressing changes, flushes to the IV access, and/or monitoring for any complications of the IV site.</p> <p>An interview conducted with the DON, on 5/27/25 at 2:24 p.m., indicated there was no documentation to reflect the dressing changes and/or monitoring of the IV access currently in the electronic health record for Resident B.</p> <p>A policy entitled "Intravenous Therapy", undated, was provided by the DON on 5/27/25 at 2:22 p.m. The policy indicated the following, " ...12. A doctor's order is obtained before starting IV therapy ... 13. IV sites are checked every four (4) hours or as per facility protocol and PRN [as needed] for signs and symptoms of infection or inflammation ... 15. IV documentation is recorded in the nurses' notes and/or Medication Administration Record ... 16. The nurse will notify the practitioner to assess the need for continuation of the catheter if not being used for IV fluids or medications and will discontinue as per the practitioner's order ...."</p> <p>This citation is related to Complaint IN00459452.</p> <p>3.1-47(a)(2)</p>						