STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155178	A. BUILDING _____ B. WING _____	C 12/01/2023

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BRICKYARD HEALTHCARE - FOUNTAINVIEW CARE CENTER	609 W TANGLEWOOD LN MISHAWAKA, IN 46545

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F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00420968, IN00419336 and IN00415381. Complaint IN00420968 - No deficiencies related to the allegations are cited. Complaint IN00419336 - No deficiencies related to the allegations are cited. Complaint IN00415381 - Federal/State deficiencies related to the allegations are cited at F689. Survey dates: November 30 & December 1, 2023 Facility number: 000094 Provider number: 155178 AIM number: 100290310 Census Bed Type: SNF/NF: 73 Total: 73 Census Payor Type: Medicare: 7 Medicaid: 41 Other: 25 Total: 73 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 12/7/2023.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents.	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 689	Continued From page 1 The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident was transferred, via a Hoyer lift (a resident lift/transfer device), with 2 staff persons, as directed by the plan of care. This resulted in a left femur fracture. (Resident G) Finding includes: On 11/30/23 at 12:00 P.M., a review of the clinical record for Resident G was conducted. The resident's diagnoses included, but were not limited to: cerebrovascular accident effecting left non-dominant side, depression, obesity and anxiety. A Discharge Minimum Data Set Assessment, dated 8/9/23, indicated the resident was totally dependent of 2 persons to assist him with transfers and was cognitively intact. A Care Plan, dated 2/22/21, indicated resident had a physical functioning deficit with mobility impairment. One of the interventions indicated the the resident required transfer assistance of 2 persons and the use of a Hoyer lift. A form titled, Resident Shower Sheet, dated 8/7/23, indicated shower was completed, on the day shift, for Resident G.	F 689	Past noncompliance: no plan of correction required.	

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A Progress Note, dated 8/7/23 at 10:28 P.M., indicated an x-ray for the left hip and knee had been completed.

A Progress Note, dated 8/8/23 at 11:53 A.M., indicated the x-rays report indicated no fractures or dislocations, with an intact left hip arthroplasty and modest osteoarthritis of the left knee.

A Physician Note, dated 8/9/23 at 7:18 P.M., indicated the Nurse Practitioner (NP) received a call from an LPN, who stated the resident's sister had called and wanted the resident transferred to the Emergency Room, due to complaints of left hip and left knee pain. The Note indicated the NP had addressed the resident's concerns, on 8/7/23, after a transfer. There was no report of an injury, however during the physical assessment, NP conducted, the resident was found to be tender over his left hip. But there had been no concerns with movement, color, or pulses. X-rays of left hip and knee were ordered and completed. These revealed an intact left hip arthroplasty without evidence of a fracture. Resident had Tramadol (pain medication) in place for pain management. The resident was agreeable, at the time, to rest and use the pain medication as needed. Note indicated NP would follow up with resident in the morning and place a consult to an orthopedic physician if he wished.

A Progress Note, dated 8/9/23 at 7:41 P.M., indicated resident had called his sister stating he was having pain in the left hip from a fall 2 days ago. The sister had called 911 and told nurse an ambulance had been called and would be coming to the facility to take the resident to a local Emergency Room.

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A facility self-report incident #483, dated 8/10/23 at 9:53 A.M., indicated Resident G "...complained of left hip pain on 8/7 and x-ray revealed no fracture. On 8/9/23 resident requested sister to call 911, resident sent out. On 8/10 facility received ER summary reporting an oblique fracture to the proximal diaphyseal region of left femur where an intramedullary stem of a left hip prosthesis is noted. Family made allegation of assault and police came to the facility with ambulance...." Two officers arrived and completed call for service only. Followup indicated-no findings of abuse upon interviews with other residents and staff. Interview with resident finds that alleged employee (QMA 2) did not assault the resident, it was the language used by the resident to express his discomfort during a shower. Therapy to assess resident upon his return and care plan to be updated for additional interventions identified when he returns.

A typed statement, dated 8/11/23, by Resource Nurse regarding a phone interview with QMA 2 indicated she " ...lifted him from the bed to the shower bed by myself with the Hoyer lift. He had no complaints before, during or after the transfer. He stayed flat on the shower bed during his shower. Pushed him into his room on the shower bed. I approached with the lift from the right side of the shower bed on the residents right side. His right leg is contracted...it sticks out. I had him up in the air with shower bed beneath him. He started yelling and [name of CNA 3] came into the room and assisted with positioning of his leg-she held his leg and moved the shower bed away and we pushed the lift towards and over his bed while [name of CNA 3] supported his leg. The battery died to the lift and I left to get another battery which did not work. We then raised the bed into

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highest position which was maybe an inch from his bottom ...enough space for a flat hand...." The statement indicated the top parts, of the Hoyer sling, were unhooked and then unhooked the legs next. And the resident was agitated the whole time, but stopped yelling when CNA 3 had came in. He had no pain when he was being rolled. QMA 2 stated she never heard anything pop or the resident say something popped. The statement indicated the resident jokes but occasionally had outbursts but once the task was over, he would be fine.

A statement from the NP, dated 8/10/23, indicated " ...On 8/7/23 at approximately 1030, this writer was notified by LPN of pts [patient's] c/o [complaint of] left knee pain post transfer to bed after receiving a shower. No report of acute injury reported at that time ...." An x-ray had been ordered and was waiting for its completion. Later in the day at approximately 2:00 P.M., " ...this writer arrived at the pts [patient's] bedside to access for reported left knee pain ...The X-ray was not yet completed. Pt [patient] was found lying in bed supine ...He appeared calm, stating pain was 4/10 located in his left hip. This writer then palpated his LLE [left lower extremity] from hip to foot. Pt [patient] was tender over the left hip. No LLE [left lower extremity] shortening or rotation was apparent at that time. Pt [patient] does have left-sided hemiparesis due to old CVA [cerebral vascular accident], and is immobile for this reason. Pt [patient] reported pain 4/10. Pt [patient] has Tramadol on file for pain to which he was agreeable as plan of care while awaiting x-rays...Left hip and left knee x-ray completed later in day on 8/7/23. These were reviewed by this writer and noted to be negative for acute concerns including absence of fracture or

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dislocation-including the statement via radiology "intact left hip arthroplasty"...."

A typed statement from QMA 4, dated 8/10/23, indicated " ...At 4:30 pm she was passing medications and asked [name of resident] if he had any pain, he responded head to toe. This is not unusual pain for [resident's name] per QMA, gabapentin given. At approximately 7:30 pm QMA heard screaming and went to see ...." QMA 4 gave him a Tramadol, and CNA 5 called the resident's sister. " ...Resident was noted to tell sister that "crazy bxxxh on day shift assaulted me while giving shower Monday. I am in a lot of pain, and no one is doing anything about it. Sister on speaker phone states "I am calling police and ambulance"...."

Emergency Department Note, dated 8/9/23, at 8:18 PM, indicated " ...Patient notes that yesterday he was at his extended care facility when they were transferring him from a shower and apparently some mild "strained his hip". He now has severe pain to the left hip. He notes he did not fall ...."

A CT (computed tomography scan) of the lower extremity, dated 8/10/23 at 5:05 A.M., indicated " ...1. Acute displace periprosthetic proximal left femur. 2. Extensive cortical tunneling of the femur suggesting the fracture is likely pathologic ....."

During an interview, on 11/30/23 at 3:24 P.M., the Regional Nurse indicated at the time of the incident the Hoyer's were able to be used by 1 staff person and she provided the "Instruction for Use" information for the Hoyer.

The instructions indicated the lift device was "

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F 689	Continued From page 6 ...designed for safe usage with one caregiver. There are circumstances, such as combativeness, obesity, contracture etc. of the individual that may dictate the need for a two-person transfer. It is the responsibility of each facility or medical professional to determine if a one or two person transfer is more appropriate, basked on the task, resident load environment, capability and skill level ...." During an interview, on 12/1/23 at 1:53 P.M., the Regional Nurse indicated Resident G should have been transferred with 2 staff persons present and assisting with the transfer, using a Hoyer lift. On 12/1/23 at 1:53 P.M., the Regional Nurse provided a policy titled, "Safe Resident Handling/Transfers, dated February 2006, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines...14. Resident lifting and transferring will be performed according to the resident's individual plan of care...." The past noncompliance began on 8/10/23. The deficient practice was corrected by 8/10/23 after the facility implemented a systemic plan that included the following actions: all current residents who required use of a mechanical lift had their transfer needs reviewed with care plan revisions as indicated to reflect transfer needs. Cardex information was reviewed and revised as	F 689		

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F 689	Continued From page 7 indicated to reflect resident transfer needs and education was provided to all staff on the Safe Handling/Transfer policy with return demonstration on proper use of each type of mechanical lift to ensure competency. This Federal tag relates to complaint IN00415381. 3.1-45(a)(1) 3.1-45(a)(2)	F 689		