

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

PRINTED: 11/02/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155248		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/03/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 30 E CHANDLER AVE EVANSVILLE, IN 47713			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00417761.</p> <p>Complaint IN00417761-Federal/state deficiencies related to the allegations are cited at F744.</p> <p>Survey dates: October 2, 3, 2023.</p> <p>Facility number: 000152 Provider number: 155248 AIM number: 100267518</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 3 Medicaid: 84 Other: 8 Total: 95</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 10, 2023.</p>			F 0000	<p>F744 Treatment/ Service for Dementia Date 10/20/2023 F744---What corrective action was accomplished for the resident found to have been affected by the deficient practice.</p> <p>·Resident B's care plan regarding family giving consent for resident to be in a consensual sexual relationship was resolved on 10/20/2023.</p> <p>---How will other residents who may have the potential to be affected be identified?</p> <p>·Care plan audit completed for all residents on 10/20/2023. No other residents have family consent for sexual relationships.</p> <p>·All dementia residents with family consent for consensual sexual relationship have the potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·Director of clinical education will educate staff to ensure residents with dementia don't receive consent from their family members for consensual sexual relationships.</p>		

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

TITLE

(X6) DATE

Shelley Brown

Executive Director

10/31/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 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 0744 SS=D Bldg. 00	483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. Based on observation, interview, and record review, the facility failed to ensure residents who display or are diagnosed with dementia, received the appropriate treatment and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents reviewed for dementia. Family consent was given for a resident with a diagnoses of dementia to be in a consensual sexual relationship. (Resident B)	F 0744	<p>---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place?</p> <p>·Director of Nursing / designee will audit care plans to ensure no new care plans have been added regarding family giving consent for resident to be in a consensual sexual relationship 3Xs /week x 4 weeks, 1x/ week x 4weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 10/20/2023 Requesting paper compliance for F744</p> <p>F744 Treatment/ Service for Dementia Date 10/20/2023 F744---What corrective action was accomplished for the resident found to have been affected by the deficient practice.</p>	10/20/2023	

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	<p>Finding includes:</p> <p>On 10/2/23 at 10:10 a.m., Resident B was observed lying awake in bed. Resident B did not answer questions appropriately and was not interviewable.</p> <p>On 10/2/23 at 11:12 a.m., Resident B's clinical record was reviewed. Resident B had diagnoses that included, but were not limited to, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, mood disturbance, anxiety, cognitive communication deficit, unspecified psychosis not related to a substance or known physiological condition, major depressive disorder, recurrent, unspecified, need for assistance with personal care.</p> <p>A quarterly MDS (Minimum Data Set) assessment dated 8/4/23, indicated Resident B's cognition was severely impaired.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>Family gives consent for resident to be in a consensual relationship with due to cognitive impairment dx dementia, date initiated 9/11/23.</p> <p>Interventions included: If I display inappropriate behavior, quietly attempt to re-direct, reminding me that the behavior is not appropriate, date initiated 9/4/23.</p> <p>Let my physician know if (sic) my behaviors, date initiated 9/11/23.</p> <p>Please give me privacy for solitary acts, date initiated 9/11/23.</p>			<p>·Resident B's care plan regarding family giving consent for resident to be in a consensual sexual relationship was resolved on 10/20/2023.</p> <p>---How will other residents who may have the potential to be affected be identified?</p> <p>·Care plan audit completed for all residents on 10/20/2023. No other residents have family consent for sexual relationships.</p> <p>·All dementia residents with family consent for consensual sexual relationship have the potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·Director of clinical education will educate staff to ensure residents with dementia don't receive consent from their family members for consensual sexual relationships.</p> <p>---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place?</p> <p>·Director of Nursing / designee will audit care plans to ensure no new care plans have been added regarding family giving consent for resident to be in a consensual sexual relationship 3Xs /week x 4 weeks, 1x/ week x 4weeks and 1x</p>			

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	<p>Please help me maintain safe hygiene, date initiated 9/11/23.</p> <p>Please refer me to mental health services as needed, date initiated 9/4/23.</p> <p>Staff will let me know that my behavior is affecting others, date initiated 9/11/23.</p> <p>Treat me with dignity and respect regardless of any behaviors, date initiated 9/11/23.</p> <p>Sometimes I demonstrate sexually inappropriate behaviors exhibited by : Inappropriate touching, hand holding and kissing of male residents, date initiated 2/23/23.</p> <p>Interventions included: As a diversion, offer me something else I like, date initiated 2/23/23.</p> <p>Help me to avoid situations or people that tend to trigger these behaviors, date initiated 2/23/23.</p> <p>Please give me privacy for solitary acts, date initiated 2/23/23.</p> <p>Remind me that I am still married but respect my decisions, date initiated 2/23/23.</p> <p>Treat me with dignity and respect regardless of any behaviors, date initiated, 2/23/23.</p> <p>I have a short attention span exhibited by : Not being able to focus on anything for long. Wandering in and out of activities, date initiated 11/4/21.</p> <p>I have a diagnosis of dementia with behavioral disturbances, date initiated 11/4/21.</p>				<p>per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 10/20/2023 Requesting paper compliance for F744</p>		

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	<p>Resident has diagnosis of dementia, hx psychosis. Due to cognitive loss, diminished decision making capabilities and safety and security issues, placement in the secure Alzheimer's unit with programs designed for this population is needed as evidenced by moderate to severe cognitive loss, date initiated 2/8/21.</p> <p>Impaired communication due to : Not always being understood and not always understanding others. Requires hearing aides, date initiated 3/7/21.</p> <p>I sometimes resist care related to dementia as evidenced by refusing to take a shower. date initiated 5/13/21.</p> <p>I prefer to cuddle, hold and care for a doll. This comforts me as exhibits by me holding, and carrying a doll throughout the unit r/t dementia, date initiated 8/9/22.</p> <p>I sometimes have behaviors which include rejection of care, date initiated 3/7/21.</p> <p>I have a physical functioning deficit related to: Mobility impairment, self care impairment, date initiated 1/22/21.</p> <p>CAA (Care Area Assessment) 02-Cognitive loss/dementia : I have impaired cognitive function, related to dementia, date initiated 4/7/23.</p> <p>Interventions included, but were not limited to: Use short phrases and questions which requires yes or no answers. Use gestures as needed.</p> <p>Verbal reminders which assist patient in orientation, date initiated 4/7/23.</p>						

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	<p>A progress note dated 9/3/23 at 10:30 a.m., indicated " Late entry : Note text: Spoke to POA (Power of Attorney) (name of POA) regarding resident expressing interest in an affectionate relationship. (name of POA) gave consent for his mother to be in an affectionate relationship."</p> <p>On 10/2/23 at 12:29 p.m., Social Services 2 indicated Resident B and a male resident began to like each other, one day the male resident kissed Resident B. The resident's POA's gave consent for the resident's to be in a relationship.</p> <p>On 10/3/23 at 12:10 p.m., the Administrator was interviewed by phone. The Administrator indicated Resident B was observed holding hands, kissing, and being affectionate with a male resident. The Administrator indicated they had gone to both residents and asked them if wanted to be in an affectionate relationship, both said yes. The facility called and obtained consent from the resident's POA's to be in a affectionate relationship. The Administrator indicated she read through the guidance related to this, to her knowledge the residents were always affectionate in a public place, she was not aware of any sexual relationship between them.</p> <p>On 10/3/23 at 1:00 p.m., CNA 1 indicated they was not told of any residents who had consent to be in a sexual or affectionate relationship, or given education on what to do.</p> <p>On 10/3/23 at 1:08 p.m., CNA 2 indicated they were not told of any residents who could be in a sexual or affectionate relationship, an in-service was done the day before, 10/2/23, about monitoring for signs if a relationship between residents was consensual or non consensual.</p>						

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	<p>On 10/3/23 at 1:58 p.m., the Vice President of Clinical Operations indicated she had spoken with the Administrator and DON, no additional in-services were provided to staff related to the consents for the residents to be in a consensual relationship.</p> <p>On 10/3/23 at 12:51 p.m., the Vice President of Clinical Operations provided the current policy on Resident Assessment of Cognitive Patterns with a copyright date of 2023. The policy included, but was not limited to: It is the policy of the facility to use section C of the MDS properly in order to determine the resident's attention, orientation, and ability to register and recall new information...2. Licensed nursing staff document general cognitive observations on admission and routine nursing assessments in accordance with procedures for nursing assessments. Sample observations include, but are not limited to: a. presence or absence of short-term or long-term memory problems. b. memory recall ability. c. ability to make daily decisions...</p> <p>On 10/3/23 at 12:51 p.m., the Vice President of Clinical Operations provided the current policy on Conducting an Accurate Resident Assessment with a copyright date of 2023. The policy include, but was not limited to: The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas...6. The physical, mental and psychosocial condition of the resident determines the appropriate level of involvement of physicians, nurses, rehabilitation therapist, activities professional, medical social workers, dietitians, and other professionals, such as developmental disabilities specialist, in assessing</p>						

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	<p>the resident, and in correcting resident assessments, Involvement of other disciplines is dependent upon individual resident status and needs...</p> <p>This Federal tag relates to Complaint IN00417761.</p> <p>3.1-37(a)</p>				