STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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	This visit was for the Investigation of Complaint IN00402007, Complaint IN00403051, and Complaint IN00403048. Complaint IN00402007 - No deficiencies related to the allegations were cited. Complaint IN00403051 - No deficiencies related to the allegations were cited. Complaint IN00403048 - No deficiencies related to the allegation were cited. Unrelated deficiency was cited at F602. Survey dates: March 9, 10, 2023 Facility number: 000438 Provider number: 155390 AIM number: 100274170 Census Bed Type: SNF: 49 Total: 49 Census Payor Type: Medicare: 1 Medicaid: 42 Other: 6 Total: 49 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 13, 2023.	F 0000	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied. The facility respectfully requests consideration of paper compliance for this plan of correction.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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 0602 SS=D Bldg. 00	483.12 Free from Misappropriation/Exploitation §483.12 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. Based on interview and record review, the facility failed to ensure a resident was free from misappropriation of resident's narcotic pain medication for 1 of 3 residents reviewed for missing drugs. Narcotics were unaccounted for once delivered to the facility for Resident B. (Resident B) Finding includes: On 3/10/23 at 8:00 A.M., facility reported incident reports were reviewed. An incident report dated 3/7/23 indicated "On 3/6/23 at 14:00, [Resident B's] father provided the facility with a progress note from a doctor's visit on 3/1/23 indicating a new order for Butrans Transdermal Patch 10 mcg/hr [micrograms per hour] (a narcotic pain medication). Upon writing the new order and secure faxing to the pharmacy, the facility was notified that the medication had been sent to the facility on 3/2/23 as it was filled from an electronic script sent to [name of] pharmacy. The facility was unable to locate the Butrans Transdermal patches" On 3/10/23 at 9:47 A.M., Resident B's clinical record was reviewed. Diagnosis included, but were not limited to, chronic pain syndrome. The most recent admission MDS (minimum data set)	F 0602	It is the practice of this facility to ensure residents are free from misappropriation /exploitation. • what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B was not harmed by the alleged deficient practice. Licensed nurses were educated on receiving controlled substances and the controlled substance storage policy. The medication was replaced at the facility expense. An IDR will be requested based on the fact that the facility received another prescription once the order was received and the medication was obtained at the facility expense, at that time.. • 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 with an order to receive narcotic pain medications have the potential to be affected	04/01/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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
	Assessment, dated 1/24/23, indicated Resident B was cognitively intact, and received scheduled and PRN (as needed) pain medication. Resident B experienced pain almost constantly over the previous 5 (five) days prior to the assessment, which made it hard to sleep and limited day to day activities. Current physician orders included, but were not limited to, the following: Butrans Transdermal Patch weekly 10 mcg/hr apply 1 (one) patch transdermally one time a day every Thursday, dated 3/9/23. Discontinued physician orders included, but were not limited to, the following: Butrans Transdermal Patch weekly 10 mcg/hr apply 1 (one) patch every Monday, dated 3/6/23 and discontinued 3/9/23. A current risk for pain care plan, dated 1/26/23, included, but was not limited to, an intervention to administer pain medication as ordered, dated 1/26/23. A doctor's progress note, dated 3/1/23, indicated "Continue physical therapy. Decrease Percocet to [every 6 hours] PRN pain. Start Butrans 10 mcg patch weekly", signed by the practitioner at the pain clinic. Progress notes included, but were not limited to, the following: 3/1/2023 7:15 P.M. "resident has returned from appointments with residents' step farther [sic]. no [sic] paperwork was handed in and per resident "my dad forgot to bring the paperwork in". resident [sic] states there are new orders from the pain clinic. nurse [sic] will follow up with this. no [sic] complaints voiced. resident [sic] ready to		by the alleged deficient practice. An audit of all other narcotics and narcotic count records was completed. Pain assessments and interviews were completed for all other patients residing on the unit and no other residents expressed concerns. • what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; An additional controlled substance accountability sheet was initiated to count individual narcotic records and medication cards in the cart. Licensed staff were educated on the new accountability form as well as, the controlled substance receiving and storage policy. A pain level assessment will be completed on residents that are receiving narcotic medications. • 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; and DNS/designee will audit the controlled substance accountability forms five times per week for 4 weeks, then monthly for 5 months. Any concerns identified will be addressed if observed. Results on monitoring will be further reviewed in QAPI and if trends are identified then another action may be developed. Any action plan written by the QAPI Committee will be monitored	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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
	take medication and head to bed. will [sic] continue to monitor" 3/6/2023 10:57 A.M. "Paperwork received from resident recent appointment at [name of pain clinic]. New orders received to decrease Percocet from q4hrs [every 4 hours] to q6hrs [every 6 hours] PRN. New order for Butrans 10 mcg patch q [every] weekly [sic]. eMAR [electronic medication administration record] updated to reflect new orders" The clinical record lacked documentation of any follow up from 3/1/23 through 3/6/23 with the pain clinic related to any new orders. During an interview on 3/10/23 at 9:15 A.M., LPN 9 indicated when pharmacy brought medications, the pharmacy delivery person that delivered the medications would usually sign off on them as well as the nurse that received them. During an interview on 3/10/23 at 10:23 A.M., Pharmacy Representative 3 indicated on 3/1/23, the pharmacy received an escript (electronic prescription) for Butrans Transdermal Patch (4 patches at 10 mcg/hr) from the pain clinic practitioner at 11:16 A.M. for Resident B. The pharmacy filled the order and put it into their system at 10:30 P.M. on 3/1/23. Pharmacy Representative 3 indicated the pharmacy brought the medications to the facility on 3/2/23, and it was signed for by LPN (Licensed Practical Nurse) 5 at 8:17 A.M. He then indicated the pharmacy protocol was to have facility staff, preferably nursing staff, sign for any medications that were delivered. During an interview on 3/10/23 at 11:30 A.M., the Regional Support Nurse indicated Resident B		by the ED weekly until resolution • by what date the systemic changes for each deficiency will be completed. April 1, 2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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
	went to the pain clinic on 3/1/23 (Wednesday), and sent his dad with the paperwork, who brought it in the following Monday. Because of the new order, the facility MD wrote out an order and sent it to the pharmacy, having not known about the original prescription because it was sent to the pharmacy as an escript from the pain clinic. When the facility was made aware of this, they asked the pharmacy for a delivery manifest, which showed that a nurse from the facility had signed for it. Upon investigation, the Regional Support Nurse indicated the nurse that signed off on it handed it to RN 9, who then gave it to QMA 17, who was on the Unit where Resident B resided. QMA 17 indicated she had received it, and put it in the medication cart. The Regional Support Nurse indicated that QMA 17 was unaware that the medication was a controlled substance, thought they were nicotine patches, and just placed them in the medication cart with the other medications. They were not placed with the other controlled substances under double lock. She indicated at that time that only nurses and QMAs had access to the medication carts. She further indicated QMA 32 had worked on Saturday, 3/4/23, and indicated there were no Butrans transdermal patches in the medication cart during that shift. She indicated a drug disposition sheet could not be located, and no one had indicated they had destroyed the medication. On 3/10/23 at 11:55 A.M., a current Medication Ordering and Receiving From Pharmacy policy, dated 12/17, was provided and indicated "An individual resident's controlled substance record is provided by the pharmacy or the facility for each controlled substance prescribed for a resident. The following information is completed upon dispensing or upon receipt of the controlled substance: 1) Name of resident. 2) Prescription			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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
	number. 3) Drug name, strength (if designated), and dosage form of medication. 4) Directions for use (Controlled Substance Accountability Sheet) 5) Date received. 6) Quantity received. 7) Name of person receiving the medication supply ... Procedures for receiving controlled substances include: 1) A nurse signs for the medications, including the controlled substances, on the pharmacy delivery ticket and inspects the medications. 2) A nurse reconciles controlled substance orders and refill requests against what has been received from the pharmacy. 3) A nurse notifies the pharmacist if controlled substance orders or doses are missing or incorrect. 4) The receiving nurse transfers medications and accompanying inventory sheets to an authorized nurse on the unit (if different than the nurse who received the medication). 5) Controlled substance inventory sheets are completed, if necessary, and filed appropriately per state regulation" On 3/10/23 at 11:55 A.M., a current Controlled Substance Storage policy, dated 3/17, was provided and indicated "[Controlled substances] and other medications subject to abuse or diversion are stored in a permanently affixed, [double-locked] compartment separate from all other medications or per state regulation ... All pharmacy supplied medication carts have a specified Controlled Substance Box designated for the storage of Controlled Substances under both the lock of the medication cart itself, and the lock located on the Controlled Substance Box" 3.1-28(a)			