

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

PRINTED: 05/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - FOUNTAINVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
(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 IN00401294.</p> <p>Complaint IN00401294 - Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: March 13, 14, & 15, 2023</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 8 Medicaid: 59 Other: 6 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/22/2023.</p>			F 0000	/p> /p> /p>		
F 0689 SS=G Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives</p>						

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

TITLE

(X6) DATE

Roberta

Shull

04/05/2023

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>adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to provide a safe mechanically lifted transfer to prevent a major injury (Resident C), and safe activities of daily living (ADL) during a bed bath requiring bed mobility to prevent injury (Resident B) for 2 of 3 residents reviewed for accidents.</p> <p>Findings include:</p> <p>1. A clinical record review was completed on 3/13/2023 at 11:18 A.M. Diagnoses included, but were not limited to: necrotizing fasciitis, left lower extremity below the knee amputation, sepsis, anemia, and chronic kidney disease.</p> <p>An Admission Minimum Data Set (MDS) Assessment reviewed on 1/16/2023, indicated Resident C had moderate cognitive impairment. She required extensive assistance with two or more staff members for bed mobility, transfers, and toileting. She had range of motion impairment on one side of the lower extremities. Her vision and hearing were adequate, and she was able to be understood and understood others. Resident C was receiving occupational and physical therapies since 1/9/2023, and speech therapy since 1/12/2023.</p> <p>A Care Plan initiated on 1/10/2023, indicated Resident C had a physical functioning deficit.</p> <p>A Physical Therapy Evaluation on 1/9/2023, indicated Resident C was dependent with transferring and required a mechanical lift for the transfers.</p> <p>A Physical Therapy Progress Report for 1/9/2023</p>			F 0689	<p>Res C no longer resides at facility Res B was provided bolsters to air mattress for tactile boundaries and CNAs educated on proper bed mobility when completing a bed bath to a totally dependent resident.</p> <p>All residents that utilize mechanical lifts reviewed in collaboration with therapy to ensure safest transfer is being utilized. Resident care plans reviewed/revised as needed. All residents reviewed to ensure that any resident who is totally dependent on staff for bed mobility has been reviewed and care plan reviewed/revised to indicate what assistance resident needs for bed mobility.</p> <p>Nursing staff to be educated by DCE/designee on Resident Safe Handling/Transfers Policy and complete return demonstration of how to use both types of mechanical lifts. Therapy to begin utilizing Therapy to Nursing Communication Form to communicate any changes in transfer status for any resident on therapy caseload. This form will be given to UM/designee to ensure care plan is updated and staff are made aware of changes. Nursing staff to be educated by DCE/designee on the Activities of</p>		04/11/2023

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	<p>through 1/20/2023, indicated Resident C required substantial/maximal assistance for sit to stand, chair/bed-to-chair transfer, and toilet transfer. She continues to have no weight bearing to the left lower extremity.</p> <p>On 1/30/2023, a Physical Therapy Treatment Encounter Note, indicated Resident C had worked on wheelchair to mat table transfers using a sliding board with moderate assistance to complete the task, sit to stand inside the parallel bars with moderate assistance for 20 second standing tolerance.</p> <p>A Change of Condition Nurse's Note on 1/31/2023 at 6:27 A.M., indicated Resident C was complaining of severe pain and the inability to lift her left shoulder. The assessing nurse noted the left shoulder with swelling, deformity, and bruising, and bruising to the left wrist. Resident C was sent to the Emergency Department via EMS (Emergency Medical Services).</p> <p>On 1/31/2023 at 7:02 A.M., a Nurse's Note indicated Resident C stated a (mechanical) lift was being used to complete a transfer, and that's when the injury occurred, around 8:00 P.M. on 1/30/2023.</p> <p>A Hospital Triage Note on 1/31/2023 at 7:18 A.M., indicated, " ...Patient states she resides at [facility name] and they were using the lift on patient around 2000 [8:00 P.M.], patient states her arm was stuck and they continued to move her, and she heard a "pop". EMS placed her in a arm sling, and received 25 mcg [micrograms] of Fentanyl and 4 mg [milligrams] Zofran. Patient rates pain 8/10"</p> <p>A Hospital Emergency Note on 1/31/2023 at 7:48 A.M., indicated, " ...the left shoulder appears to</p>				<p>Daily Living policy and on ensuring staff are using the proper assistance for bed mobility when completing a bed bath for a totally dependent resident. This information will be reflected on the care plan.</p> <p>DCE/UM/designee to observe staff completing mechanical lift transfers on various shifts to ensure transfer being completed with proper lift. These observations to be completed on various shifts 3 times weekly x 30 days, then 2 times weekly x 30 days, then weekly x 4 months.</p> <p>DCE/UM/designee to observe staff completing bed baths on a dependent resident to ensure the proper amount of assistance is being provided. These observations to be completed on various shifts 3 times weekly x 30 days then 2 times weekly x 30 days, then weekly x 4 months.</p> <p>DNS/designee to review in clinical start up any therapy communication forms received from previous day to ensure staff have been notified of any changes in transfer status and care plans have been updated. These audits to be completed 5 times weekly x 30 days, then 2 times weekly x 30 days, then weekly x 4 months.</p> <p>Results of these audits to be brought to QAPI x 6 months to track for any trends. If any issues identified, then will continue audits</p>		

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	<p>be internally rotated and adducted with swelling to anterior aspect. Pain with movement of the left shoulder"</p> <p>A computer tomography scan (CT scan) was performed in the Emergency Department. The CT scan results indicated, " ...hematoma and questionable tear of the left pectoralis major muscle and possible tear of the supraspinatus tendon. Resident was admitted to the hospital to the Orthopedic Unit"</p> <p>A Hospital Social Worker (SW) Note on 1/31/2023 at 11:42 A.M., indicated, " ...SW was asked to assist with disposition and follow up. SW notified by forensics that this patient had concerns regarding her care last night at the facility...She was using the stand lift when she experienced pain in her L [left] shoulder and asked the staff to stop. They didn't and she continued to have pain overnight in her L [left] arm. This morning she was sent out for evaluation of the arm ...Spoke with nurse at [facility's name] regarding the concerns. Explained that we would be filing a report with the state ...The family does not want the patient to return to the facility"</p> <p>On 2/1/2023 at 5:49 P.M., an Oncology Consultation Note indicated the CT scan from 1/31/2023 showed, " ...within the left pectoralis major muscle, there is a heterogeneous mass identified measuring 6.8 cm x 12.2 cm x 8.4 cm. Given the history of recent injury, this most likely represents an intramuscular hematoma possibly from a tear of the pectoralis major muscle"</p> <p>A facility-initiated investigation was completed on 1/31/2023. CNA (Certified Nursing Assistant) 8 indicated she assisted CNA 5 with a transfer in Resident C's bathroom. She indicated when she</p>			based on IDT recommendations.			

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	<p>walked into the bathroom CNA 5 and Resident C were in the middle of a transfer over the toilet, and Resident C was slipping down like she couldn't hold her weight. She indicated Resident C was lowered and the stand-up waist belt was resituated, and the transfer was completed. In a separate written statement, CNA 8 indicated she had gotten the call light string caught in the waist belt of the sit-to-stand lift and the call light string made a popping noise when it snapped. She indicated Resident C got anxious during the transfer, and she informed Resident C to calm down and breathe.</p> <p>CNA 5 was also interviewed for the facility-initiated investigation. He indicated he was in the bathroom with Resident C standing up from the lift in front of the toilet and her incontinence brief got stuck between the toilet and Resident C's legs. CNA 5 indicated CNA 8 came to assist when Resident C began yelling, she was going to fall.</p> <p>On 3/14/2023 at 11:57 A.M., a telephone call was placed to Resident C's son. He indicated the facility Administrator informed him an investigation would be completed related to the injury. He indicated his mother was able to describe what happened with the male and female that assisted her with her transfers, and the female employee was suspended. He indicated the staff was using a Hoyer lift (non-weight bearing mechanical lift) and his mom's arm got caught in the transfer.</p> <p>During an interview on 3/14/2023 at 1:23 P.M., the Director of Nursing indicated, a Lift/Transfer Assessment will be completed at admission, and then quarterly. The assessment does not take the place of therapy recommendations. She indicated</p>						

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	<p>staff would know a resident's transfer needs by the report provided by the transferring facility, and then therapy would give recommendations after that time.</p> <p>During an interview on 3/15/2023 at 11:28 A.M., PTA (Physical Therapy Assistant) 6 indicated that the therapy department communicated with the nursing department regarding the safest transfer of residents on their services. A Therapy to Nursing Communication Form was used at one time to communicate to the Unit Manager to ensure the care plan was updated, but that eventually went to verbal communication. She indicated the therapy department has been asked to use the communication form again from the facility management.</p> <p>On 3/15/2023 at 11:30 A.M., COTA (Certified Occupational Therapy Assistant) 7 indicated that Resident C was to use a Hoyer mechanical lift. She indicated therapy had tried to use the sit-to-stand lift, and Resident C was not safe using that mechanical life. COTA 7 indicated staff continued to use the sit-to-stand lift, despite the safety issue, and Resident C's injury occurred when using the sit-to-stand lift.</p> <p>On 3/14/2023 at 3:11 P.M., the Director of Nursing provided a policy titled, "Safe Resident Handling/Transfer". The policy indicated, " ...It is the policy if 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 ...13. Resident lifting and transferring will be performed according to the resident's individual plan of care ...14. Staff will perform mechanical</p>						

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	<p>lifts/transfers according to the manufacturer's instructions for use of the device"</p> <p>2. A clinical record review was initiated on 3/13/2023 at 1:17 P.M. Diagnoses included, but were not limited to: quadriplegia, contractures, and adult failure to thrive.</p> <p>A Care Plan initiated on 10/17/2022, indicated Resident B had an active diagnosis of complete quadriplegia with a goal of no issues related to hygiene and ADLs (activities of daily living). The Care Plan goals indicated Resident B required total assistance with bed mobility, transfers, and toileting related to spinal injury.</p> <p>A Significant Change Minimum Data Set (MDS) Assessment was completed on 12/27/2022. The assessment indicated Resident B was cognitively intact. She was dependent with two or more staff members assistance for bed mobility, transferring, toileting, and bathing.</p> <p>A Nurse's Note on 3/1/2023 at 10:55 A.M., indicated Resident B rolled out of bed while she received a bed bath. Resident B was found on the floor between the bed and wall on her left side. Resident B sustained a bruise to her left forehead, that measured 4 cm (centimeters) by 3.2 cm.</p> <p>On 3/1/2023 an Education/Inservice Form was completed and signed by 18 staff members. The form indicated, "...Resident B - Air mattress setting should be checked for proper weight setting when rolling, to side position patient in the center of the bed, ensure that her bolsters are in place as needed when rolling and repositioning"</p> <p>An Interdisciplinary Team (IDT) Note on 3/2/2023</p>						

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	<p>at 9:33 A.M., indicated interventions put in place post-fall included education to staff and bolsters applied to the mattress for tactile boundaries.</p> <p>A Care Plan initiated on 3/2/2023, indicated Resident B was at risk for falls. Interventions for falls initiated on 3/1/2023 included education given to staff.</p> <p>During an observation and interview on 3/13/2023 at 3:22 P.M., QMA (qualified medication assistant) 1 indicated Resident B was not able to move her upper or lower extremities, or reposition herself. Both feet were observed to have foot drop, and the upper extremities had contractures at the elbow and wrist. Resident B had a heel floating device in place to keep her heels off the bed. She was on an air mattress and no bolsters were present.</p> <p>On 3/14/2023 at 9:47 A.M., LPN (licensed practical nurse) 3 indicated Resident B needed total assistance and one staff member could complete the assistance. She indicated Resident B could not move her arms or legs.</p> <p>During an observation and interview on 3/14/2023 at 9:57 A.M., Resident B indicated she was receiving a bed bath by CNA 4, when he stopped holding onto her, and she fell out of bed. She indicated CNA 4 had her too close to the edge of the bed. She indicated sometimes she received assistance of two CNA's and other times one CNA. She was on an air mattress and no bolsters were present.</p> <p>On 3/14/2023 at 1:42 P.M., the Director of Nursing indicated staff would find assistance required on the electronic medical record's "Kardex" system. She indicated the care plan should follow the</p>						

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	<p>MDS Assessment unless the resident has had a change with the MDS Assessment or change to the plan of care.</p> <p>A review of the "Kardex" report was completed on 3/14/2023 at 1:54 P.M. The "Kardex" did not have assistance required for bathing and/or bed baths. The "Kardex" indicated Resident B required complete dependence on staff for bed mobility.</p> <p>During an interview on 3/15/2023 at 10:27 A.M., CNA 4 indicated a resident's assistance level can be found on the "Kardex", and if the information was not in that location he would speak with a nurse. He indicated Resident B required a Hoyer lift, and was totally dependent for bed mobility with the assistance of two staff members as Resident B cannot move on her own. CNA 4 indicated he was providing a bed bath on his own when Resident B fell from the bed, and he should have waited for another staff member to complete the bed bath. He indicated he was provided education on air mattresses, proper bed mobility, transfers, and bathing the next day after the incident.</p> <p>On 3/15/2023 at 1:12 P.M., the Director of Nursing provided the policy titled, "Activities of Daily Living (ADLs)". The policy indicated, " ...The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable ...4. The facility will maintain individual objectives of the care plan and periodic review and evaluation"</p> <p>This Federal tag relates to Complaint IN00401294.</p> <p>3.1-45(a)(2)</p>						

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