

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

PRINTED: 08/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155390		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/13/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00412710 and IN00412889.</p> <p>Complaint IN00412710- Federal/state deficiencies related to the allegations are cited at F659.</p> <p>Complaint IN00412889- Federal/state deficiencies related to the allegations are cited at F659.</p> <p>Survey dates: July 12, 13, 20203.</p> <p>Facility number: 000438 Provider number: 155390 AIM number: 100274170</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 4 Medicaid: 43 Other: 7 Total: 54</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 17, 2023.</p>			F 0000	<p>This Plan of Correction is submitted as required under Federal and State regulation and statutes 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.</p> <p>The facility respectfully requests consideration of paper compliance for this plan of correction.</p>		
F 0659 SS=D Bldg. 00	<p>483.21(b)(3)(ii) Qualified Persons §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in</p>						

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

TITLE

(X6) DATE

Michael Meadows

Executive Director

07/28/2023

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>accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure the plan of care was followed for 2 of 3 residents reviewed for urinary elimination and 1 of 1 residents reviewed for medications. (Resident B, Resident C, Resident D)</p> <p>Findings include:</p> <p>1. On 7/12/23 at 12:54 p.m., the clinical record of Resident D was reviewed. Diagnoses included, but were not limited to, acquired absence of other parts of urinary tract, other artificial openings of urinary tract status. A quarterly MDS (Minimum Data Set) assessment, dated 6/30/23, indicated Resident D's cognition was severely impaired.</p> <p>Care plans were reviewed and included, but were not limited to: Resident has a urostomy related to: personal history of malignant neoplasm of prost (prostate), date initiated 11/30/22.</p> <p>June 2023 physician orders were reviewed and included, but were not limited to: Document output, every shift document urinary output, start date 1/5/23.</p> <p>The June 2023 EMAR (Electronic Medical Administration Record), was reviewed and the following dates did not have urine output recorded: 6/1- night shift 6/4-evening shift 6/12-day shift 6/19-day shift 6/20-day shift, night shift 6/23-night shift</p>	F 0659	<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; Nursing staff will be in-serviced to follow resident's plan of care for urinary elimination and medications. Licensed nursing staff will be in-serviced to check the dashboard administration records to ensure urinary elimination and medications were followed per the plan of care for their assigned residents.</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 receiving medications have the potential to be affected.</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; Nursing staff will be in-serviced to follow resident's plan of care for urinary elimination per the plan of care. Licensed nursing staff will be in-serviced to check the dashboard administration record to ensure urinary elimination and medications were followed per the plan of care for their assigned residents.</li> <li>• how the corrective action(s) will be monitored to ensure the deficient practice will not recur,</li> </ul>		08/04/2023		

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	<p>6/24-day shift 6/25-day shift, evening shift 6/26-night shift 6/27- night shift 6/29-night shift</p> <p>July 2023 physicians orders were reviewed and included, but not limited to: Document output, every shift document urinary output, start date 1/5/23.</p> <p>The July 2023 EMAR (Electronic Medical Administration Record), was reviewed and the following dates did not have urine output recorded: 7/2-day shift 7/5-night shift 7/7-day shift 7/9-day shift 7/10-night shift</p> <p>There were no refusals documented on the EMAR, or in the clinical record.</p> <p>2. On 7/12/23 at 10:05 a.m., Resident C indicated nursing staff did not always provide care to his supra pubic catheter.</p> <p>On 7/12/23 at 12:02 p.m., the clinical record for Resident C was reviewed. Diagnoses included, but were not limited to, flaccid neuropathic bladder, retention of urine, lower urinary tract symptoms, spastic quadriplegic Cerebral Palsy. A quarterly MDS (Minimum Data Set), assessment dated 6/14/23, indicated Resident C's cognition was intact.</p> <p>Care plans were reviewed and included, but were not limited to: Alteration in elimination of bowel and bladder functional incontinence, indwelling urinary catheter, dx, flaccid neuropathic bladder,</p>			<p>i.e., what quality assurance program will be put into place; and DNS/Designee will audit the dashboard administration records in accordance with the plan of care for urinary elimination and medications 3x/week x 4 weeks, 1x/week x 4 weeks and 1x/month x 4 months. DNS/designee will report findings to QAPI x 6 months.</p>			

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	<p>history of UTI's, benign prostatic hypertrophy, constipation, bladder spasms, diuretic use I choose to keep my stock of briefs on top of cabinet or dresser in my room for easy access vs closet or drawer- 8/24/17...I</p> <p>June 2023 physician orders were reviewed and included, but were not limited to: Record urinary output every shift, start date 1/25/23. The June 2023 EMAR (Electronic Medical Administration Record), was reviewed and the following dates did not have urine output recorded: 6/1- night shift 6/5- day shift 6/12- day shift 6/15- night shift 6/20- day shift, night shift 6/21-night shift 6/23-night shift 6/24- day shift 6/25-day shift, evening shift 6/26-night shift 6/27-night shift 6/29-night shift</p> <p>July 2023 physician orders were reviewed and included, but were not limited to: Record urinary output every shift, start date 1/25/23. The July 2023 EMAR (Electronic Medical Administration Record), was reviewed and the following dates did not have urine output recorded: 7/2- day shift 7/5- night shift 7/7- day shift 7/9-day shift 7/10-night shift</p> <p>There were no refusals documented on the</p>						

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	<p>EMAR, or in the clinical record.</p> <p>3. On 7/12/23 at 10:56 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, neuromuscular dysfunction of bladder, Alzheimer's disease with early onset, psychotic disturbance. A quarterly MDS (Minimum Data Set) assessment, dated 5/16/23, indicated resident B's cognition was intact. Resident B was discharged from the facility to the hospital on 7/9/23.</p> <p>Care plans were reviewed and included, but were not limited to: alteration in blood glucose due to: insulin dependent diabetes mellitus. Interventions included, but were not limited to: administer medications as ordered, accuchecks as ordered.</p> <p>June 2023 physician orders were reviewed and included, but were not limited to: Faxiga (diabetic medicine) oral tablet 10 mg give 1 tablet by mouth in the morning, order date 3/29/23. Insulin Aspart flexpen 100 unit/ml solution pen-injector (diabetic medication) inject 35 unit subcutaneously before meals. Basaglar Kwickpen solution pen-injector (diabetic medication) 100 unit/ml inject 35 unit subcutaneously two times a day.</p> <p>The June 2023 EMAR (Electronic Medical Administration Record) was reviewed. The following dates were not documented as medication given: Faxiga - 6/15, 6/28, 6/29 Insulin Aspart -6/1 11:00 a.m., 4:30 p.m. 6/12-4:30 p.m. 6/17-4:30 p.m. Basaglar Kwickpen- 6/1- 5:00 p.m. 6/6-5:00 p.m.</p>						

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	<p>6/12-5:00 p.m.</p> <p>July 2023 physician orders were reviewed and included, but were not limited to: Baclofen (skeletal muscle relaxant), tablet give 10 mg (milligram) by mouth three times a day, start date 12/11/23. Faxiga (diabetic medication) oral tablet 10 mg give 1 tablet by mouth in the morning, order date 3/29/23. Insulin Aspart flexpen 100 unit/ml solution pen-injector (diabetic medication) inject 35 unit subcutaneously before meals.</p> <p>The July 2023 EMAR (Electronic Medical Administration Record) was reviewed. The following dates were not documented as medication given: Baclofen - 7/5- 2:00 p.m. Faxiga- 7/8. Insulin Aspart-7/5 11:00 a.m.</p> <p>The clinical record did not have refusals of medications on the above dates.</p> <p>On 7/13/23 at 2:00 p.m., the DON indicated if a resident refuses there is a code to document the refusal on the EMAR.</p> <p>On 7/13/23 at 2:20 p.m., RN 1 indicated if a resident refuses medication it should be documented on the EMAR, progress notes, education provided to the resident on negative effects, the doctor and responsible party notified. If a resident refuses insulin or to have a blood sugar taken, she notifies the Medical Director, endocrinologist if the resident has one, if blood sugar is high notify the doctor.</p> <p>On 7/13/23 at 4:13 p.m., the DON provided the current policy on comprehensive care plans with a copyright date of 2022. The policy included, but</p>						

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	<p>was not limited to, it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident comprehensive assessment.</p> <p>This Federal tag relates to Complaints IN00412710 and IN00412889.</p> <p>3.1-35(g)(2)</p>						