

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

PRINTED: 03/10/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155685		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/23/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - ELKHART CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1001 W HIVELY AVE ELKHART, IN 46517			
(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	<p>This visit was for the Investigation of Complaint IN00451700.</p> <p>Complaint IN00451700 - Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Survey dates: January 22 & 23, 2025</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Census Bed Type: SNF/NF: 112 Total: 112</p> <p>Census Payor Type: Medicare: 2 Medicaid: 84 Other: 26 Total: 112</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 1/31/2025</p>			F 0000	We, respectfully, request a desk review of this alleged deficient practice plan of correction. Thank you!		
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to implement their policy related to reporting an allegation of abuse for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Finding includes:</p>			F 0609	<p>F609 Reporting of Alleged Violations</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p>		02/14/2025

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

TITLE

(X6) DATE

Chad Knisley

Executive Director

02/13/2025

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 disclosed 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>During an interview on 1/22/25 at 12:45 P.M., Resident B indicated one night the previous week, Employee 3 entered her room to assist with changing her brief. Resident B indicated Employee 3 commented the odor was strong and sprayed her buttocks with room deodorizer and then pushed the spray can into her rectum. Resident B indicated on 1/20/25, at an unknown time, she was in the lobby of the facility and reported the incident to Employee 6. Resident B indicated on 1/22/24 during morning physical therapy, she reported the allegation to Employee 2.</p> <p>During an interview on 1/22/25 at 1:15 P.M., the Administrator indicated he was made aware of an allegation of abuse for the first time from Employee 2 on 1/22/25 at 12:30 P.M. The Administrator indicated he immediately suspended Employee 3, pending an investigation, reported the allegation to the State Agency, and initiated an investigation. The Administrator indicated the allegation of abuse should have been reported to him by Employee 6 immediately and that Employee 6 had been trained regarding the requirement to report all allegations of abuse to the Administrator and Director of Nursing immediately.</p> <p>During an interview on 1/23/25 at 1:25 P.M., Employee 6 indicated sometime in the evening of 1/20/25, Resident B was in the lobby of the facility and reported to her that sometime in the night on 1/16/25, Employee 3 entered her room to change her brief and and sprayed her with room spray and made remarks about the way she smelled and that the employee practically sodomized her with the can of room spray. Employee 6 indicated she should have reported the allegation immediately to the Administrator but did not.</p>				<p>· Resident B was safeguarded from Employee 3 immediately.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>· All residents had the potential to be affected by this alleged deficient practice.</p> <p>· The Director of Nursing and/or designee educated all staff to the policy indicating that all allegations of abuse, neglect or misappropriation of residents property must be reported to the Executive Director immediately.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practices do not recur?</p> <p>· The Director of Nursing and/or designee educated all staff to the policy indicating that all allegations of abuse, neglect or misappropriation of residents property must be reported to the Executive Director immediately.</p> <p>· The Director of Nursing and/or designee will question 5 residents and 5 staff members 5x weekly for 4 weeks on various shifts, including weekends and then once per week for 4 weeks and then</p>		

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	<p>On 1/23/25 at 10:20 A.M., the Administrator provided a policy titled, "Abuse, Neglect and Exploitation," dated 2024, and indicated it was the current facility policy. The policy indicated, "...The facility will...implement written policies and procedures...Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies...not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury..."</p> <p>This citation relates to Complaint IN00451700.</p> <p>3.1-28(c)</p>				<p>once a month for 6 months to ensure that there are no deficient practices.</p> <p>How will corrective actions(s) be monitored to ensure the deficient practice will not occur, I.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none">· The Director of Nursing and/or designee will complete audit tool to ensure proper reporting.· The Director of Nursing and/or Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue. <p>DOC: 2/14/24</p>		