

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155248		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713			
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00402209 and IN00403722.</p> <p>Complaint IN00402209- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403722- No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 22, 23, 2023.</p> <p>Facility number: 000152 Provider number: 155152 AIM number: 100267510</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 2 Medicaid: 70 Other: 14 Total: 86</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 29, 2023.</p>			F 000			
F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property,</p>			F 602			

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

TITLE

(X6) DATE

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 90 days 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 14 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.

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2023
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713		
(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 602	<p>Continued From page 1</p> <p>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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent the misappropriation of resident's narcotic medication for 1 of 1 residents reviewed for misappropriation of property. (Resident H)</p> <p>Findings include:</p> <p>During record review on 3/22/23 at 11:05 a.m., a facility reported incident, with an incident date of 3/14/23, indicated that RN 1 noticed changes to Resident H's narcotic count sheet.</p> <p>On 3/22/23 at 1:40 p.m., the Administrator indicated that 4 of Resident H's pain pills were unaccounted for. A nurse had told her the count was right, but it looked like the dates had been changed on the sheet to show he had received the medication more than two times on some dates. Resident H had indicated he only received his medication 2 times a day. An investigation was done, 5 nurses who had access to the medication cart were drug tested, with negative results, no one admitted to changing the dates or witnessing someone changing dates.</p> <p>On 3/22/23 at 1:45 p.m., the DON indicated the math was done on how many pills should have been given to Resident H, the count should have been 20 and it was 16, the missing pills won't show until the end of the script.</p>	F 602	Past noncompliance: no plan of correction required.		

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2023
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713		
(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 602	<p>Continued From page 2</p> <p>During record review on 3/22/23 at 2:05 p.m. Resident H's diagnoses included, but were not limited to, quadriplegia, chronic pain syndrome, neuralgia and neuritis. Resident H's March 2023 physician orders included, but were not limited to, Dilaudid (pain medication) Tablet 8 mg (milligram) (Hydromorphone HCl), give 1 tablet by mouth two times a day related to chronic pain syndrome. (start date 5/4/22). Resident H refused to be interviewed.</p> <p>A copy of the controlled substance accountability sheet was reviewed on 3/23/23 at 9:00 a.m. The beginning count was documented as 28, some dates appeared to be bolded and altered to show Resident H was given 4 doses on 3/8/23 and 3/10/23.</p> <p>A copy of the pharmacy packing slip dated 3/7/23 indicated 28 doses of Resident H's medication was delivered</p> <p>On 3/23/23 at 2:30 p.m., the ADON (Assisted Director of Nursing), indicated the floor nurse wanted her to look at the count sheet and she realized it was not right. She reported it to the DON and Administrator, the count and card matched, but the sheet was scribbled on. She went back to the date the medication was received and added up the count for Resident H taking it twice a day and it did not add up. She further indicated Resident H knows exactly what pills he is receiving, he can literally count them with his tongue how many pills he has in his mouth, he indicated he had only received the medication twice a day.</p> <p>On 3/23/23 at 9:20 a.m., the Administrator provided the policy on abuse, neglect, and</p>	F 602			

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2023
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713		
(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 602	<p>Continued From page 3</p> <p>exploitation with a revision date of October 2022. The policy included, but was not limited to, It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property..."Misappropriation of Resident Property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.</p> <p>The deficient practice was corrected on 3/14/23 after the facility implemented a systemic plan that included the following actions: Ad HOC QAPI meeting was held on 3/14/23 an action plan included inservice review of policy for controlled substances with staff, and the on going monitoring of the controlled substances.</p> <p>3.1-28(a)</p>	F 602			