

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/17/2022
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00392139 and IN00392463.</p> <p>Complaint IN00392139 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00392463 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 11 and 17, 2022</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 116 Total: 116</p> <p>Census Payor Type: Medicare: 5 Medicaid: 96 Other: 15 Total: 116</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 20, 2022.</p>	F 0000	The submission of this Plan of Correction, for survey event ID MC4311 conducted on 10/17/2022, does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Bloomington Care Center. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only. We are requesting paper compliance for this survey.	
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott Swaby	Executive Director	11/04/2022

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>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on interview and observation, the facility failed to ensure food was served in a sanitary manner for 1 of 2 kitchen observations. Food and supplies were on the floor, a bucket of dirty water was observed, and the floor was sticky.</p> <p>Finding includes:</p> <p>On 10/11/22 at 2:00 p.m., during the initial tour of the kitchen cereal was observed under the iron shelving, cups were observed on the floor, and the floors were sticky throughout the kitchen. To the left of the three compartment sink a bucket of dirty water was observed. At that time, the Executive Director indicated the floors were were sticky and the three compartment sink needed a new solution.</p> <p>This Federal tag relates to Complaint IN00392139.</p> <p>3.1-21(i)(2)</p>	F 0812	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>No individual residents were identified as being affected by the alleged deficient practice.</p> <p><b>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;</b></p> <p>All residents have the potential to be affected by the alleged deficient practice. The floor was immediately swept and mopped and the bucket of water was</p>	11/04/2022

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	3.1-21(i)(3)		<p>dumped and refreshed with clean water. The three-compartment sink was drained and refilled according to policy. The kitchen walls and floor were power washed. Drainpipes and lines were also power washed. Storage racks, steam table, Ovens, and coolers were pulled from the walls and the area behind them were cleaned as well. Old Trash cans were replaced with new trash cans. Paper towel holders were replaced or repaired. Areas of the Kitchen were repainted. The storage room was repainted and a hole in the wall was repaired. Door frames and doors were repainted. New base cove was installed in areas needed. Storage cabinets were repainted. New floor mats were installed in the dish room and in front of the steam table. New light covers were installed where needed.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>Dietary Staff were educated on the policies of "Sanitation Inspection" (exhibit A) and "Manual Warewashing-3 compartment sink" (exhibit b). The Dietary Manager was educated on the "Topic: Cleaning" (exhibit c) and</p>	

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			<p>how to monitor the cleaning activities of the Kitchen and equipment.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance will be put into place; and</b></p> <p>The audit tool titled "F 812 Focus Checklist" (exhibit d) will be utilized by the Dietary Manager or designee 5 times per week for four weeks, 3 times per week for 4 weeks, and 1 time per week for 4 weeks. Audited records will be reviewed by the Quality Assurance Committee until such times as consistent compliance is achieved.</p> <p><b>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date;</b></p> <p>11/4/2022</p>	

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

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