

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 745 N SWOPE ST GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00412691.</p> <p>Complaint IN00412691. Federal/state deficiency related to the allegations is cited at F0776.</p> <p>Survey dates: July 12 and 13, 2023</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census Bed Type: SNF/NF: 103 Total: 103</p> <p>Census Payor Type: Medicare: 5 Medicaid: 65 Other: 33 Total: 103</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 14, 2023</p>	F 0000	The creation and submission of this Plan does not constitute an admission by the provider of any conclusions set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the State Report Plan of Correction be considered the Leffer of Credible Allegation. The provider alleges compliance as of 07/28/23. The facility respectfully requests a desk review for this Plan of Correction relative to the low scope and severity of this survey in lieu of post-survey revisit.	
F 0776 SS=D Bldg. 00	<p>483.50(b)(1)(i)(ii) Radiology/Other Diagnostic Services §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rena Whichard	DNS	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 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>services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter.</p> <p>(ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>Based on interview and record review, the facility failed to obtain timely physician-ordered referral services for radiology services and for a referral for a pulmonology clinic for 2 of 3 residents reviewed for referrals. (Residents C and D)</p> <p>Findings include:</p> <p>1. The clinical record of Resident C was reviewed on 7-13-23 at 8:55 a.m. His diagnoses included, but were not limited to hemiplegia affecting his left side, seizure disorder, traumatic brain injury and chronic pain syndrome. His most recent Minimum Data Set (MDS) assessment, dated 5-8-23, indicated he was cognitively impaired.</p> <p>A review of Resident C's most recent nursing progress notes, dated 6-16-23 at 11:13 a.m., indicated he was physician-order for a CT scan of the chest for complaints of chest pain, thought to be muscular in nature. A progress note, dated 6-16-23 at 11:24 a.m. indicated the request for the CT scan referral was sent to the local hospital's centralized scheduling department. A progress note, dated 6-29-23 at 3:58 p.m., indicated facility staff called the local hospital's centralized scheduling department for a status update of the CT scan. It indicated the facility was informed the scheduling department was still awaiting insurance approval for the scan and would notify the facility once authorization was received.</p>	F 0776	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C attending Physician discontinued the CT scan of the chest on 7/13/23.</p> <p>Resident D family was contacted for the pulmonologist appointment. The resident chart is being reviewed by the Pulmonologist to determine appointment priority.</p> <p>Resident C and Resident D had no negative outcomes related to the alleged deficient practice.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by alleged deficient practice.</p> <p>Audits have been completed on all residents to monitor for any</p>	07/28/2023

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	<p>In an interview with the Director of Nursing (DON) on 7-13-23 at 10:25 a.m., she indicated she is generally the person that keeps track of referrals for the facility. The DON indicated she has had some problems with the scheduling department at the local hospital "and this is one of those cases. I have checked back with them several times and keep getting the feedback of they haven't gotten the approval from his insurance company. We will check back again." No additional documentation of the status of the chest CT scan was noted between 6-29-23 and 7-13-23 at 11:27 a.m.</p> <p>In an interview on 7-13-23 at 12:35 p.m., with the Corporate Nurse, she indicated she had called over to scheduling this same date and was told the scheduling department would get back with her. She indicated a scheduling department staff member called back 10 to 15 minutes later and said the provider [physician] would need to call the insurance company to provide them with additional information for the prior authorization for the testing. She indicated she then spoke with the facility's PA [physician assistant], and he did an evaluation of the resident and decided the resident was no longer in need of the chest CT scan. She indicated the PA then addressed the issue with the attending physician, who agreed the CT could be canceled. She indicated she did document this information in the clinical record.</p> <p>2. The clinical record of Resident D was reviewed on 7-13-23 at 10:32 a.m. Her diagnoses included, but were not limited to idiopathic peripheral autonomic neuropathy, high blood pressure, atherosclerotic heart disease, anxiety, unspecified dementia and chronic respiratory failure with hypoxia. Her most recent Minimum Data Set</p>		<p>referrals not completed. There were no referrals found to be untimely.</p> <p>What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur?</p> <p>The nursing administration staff will be In-serviced to obtain timely physician-ordered referrals services for all residents.</p> <p>A new audit tool was created to assist with tracking referral services for residents.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, I.e., what quality assurance program will be put into place?</p> <p>Initial audit completed to review referrals for past 2 months.</p> <p>DNS or their designee will audit all residents charts weekly x 4 weeks, then biweekly for 4 months, then monthly for 2 months, then as needed to ensure timely referral submissions.</p> <p>All deficient practices will be reported to the DNS/designee immediately and the deficiencies will be corrected immediately. Results of all audits will be reviewed by the QAPI committee x</p>	

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	<p>(MDS) assessment, dated 5-11-23, indicated she was cognitively impaired.</p> <p>Review of the clinical record indicated a Physician Assistant's [PA] note, dated 5-30-23, indicated, "Abnormal CXR [chest xray]: Pt [patient] to be seen by pulmonology. Pt is in no respiratory distress. O2 [oxygen levels] stable."</p> <p>PA notes, dated 6-13-23 and 6-27-23, indicated, "Chronic respiratory failure: Continue O2 via NC [nasal cannula, part of an oxygen delivery system]. Pt to FUP w/ [follow up with] pulmonology [lung specialist] due to previous abnormal CXR. Will continue to monitor respiratory status."</p> <p>On 7-12-23 at 3:00 p.m., the Director of Nursing (DON) provided a copy of documents she described as the referral information she typically faxes to the local hospital's scheduling department when a facility resident is in need of a physician ordered test or to be seen by a specialist.</p> <p>In an interview with the DON on 7-13-23 at 10:25 a.m., she indicated she is generally the person that keeps track of referrals for the facility. The DON indicated she has had some problems with the scheduling department at the local hospital. In another interview with the DON on 7-13-23 at 11:12 a.m., she indicated she usually uses a physical fax stamp to show what date any information has been faxed to an entity, and added it didn't appear she had done so for Resident D's information for the local hospital's scheduling department.</p> <p>In a review of the clinical record for Resident D, no progress notes were located to reflect the status of the pulmonary referral as of 7-13-23 at 11:00 a.m.</p>		6 months and then prn to determine the need for further monitoring.	

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	<p>In an interview with the DON on 7-13-23 at 12:35 p.m., she indicated she had reached out today to the local hospital's scheduling department and they were able to find Resident D's contact information, but not the referral information and nothing had been done about the referral for scheduling a pulmonary consult. The DON indicated she provided the requested information to that department today as per their request. The DON indicated when she spoke with scheduling department, they informed her had the appointment been made previously, they would have notified the resident's family, not the facility, as that was the contact information they had on file. The DON indicated in conversation with the scheduling department, they seemed to understand to contact the facility with the appointment information to allow the facility to make transportation arrangements as she is a current resident of the facility.</p> <p>No progress notes were located in the clinical record to reflect a pulmonary appointment had been made or status check of the referral as of 7-13-23 at 11:00 a.m.</p> <p>A progress note, dated 7-13-23 at 11:45 a.m., indicated the facility had called on the same date and spoke with a person with the the Internal Medicine department of the local hospital regarding a referral that was sent to ensure receipt. It indicated the staff were unable to locate a prior pulmonary referral for Resident D. The note clarified Resident D was currently a resident of the facility and the facility would need to be contacted in order to set up appointment.</p> <p>This Federal tag relates to Complaint IN00412691.</p>			

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

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