STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00385280. This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy. Complaint IN00385280 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689 and F803. Survey dates: July 13 and July 14, 2022 Facility number: 000050 Provider number: 155120 AIM number: 100266170 Census Bed Type: SNF/NF: 93 Total: 93 Census Payor Type: Medicare: 8 Medicaid: 67 Other: 18 Total: 93 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 18, 2022	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 689	Continued From page 1 §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure supervision when a resident, requiring supervision with one staff person for eating, was observed placing an entire piece of garlic bread in his mouth, which later resulted in blue lips and gasping for air, followed by abdominal thrusts, cardiopulmonary resuscitation (CPR), and ultimately the death of Resident B for 1 of 3 residents reviewed for dining assistance. This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 7/12/22 when a resident was observed placing an entire piece of garlic bread into his mouth. After 5-10 minutes had passed, he was then observed with blue lips and gasping for air. This had resulted in choking, administration of the Heimlich maneuver, administration of CPR, and Resident B passing away on 7/12/22. The Executive Director (ED), Director of Nursing (DON), Vice President of Clinical Operations, Resource Registered Nurse (RRN), and Area Vice President were notified of the Immediate Jeopardy on 7/14/22 at 11:31 a.m. Findings include: The clinical record for Resident B was reviewed on 7/13/22 at 4:30 p.m. The diagnoses included, but was not limited to, muscle wasting and atrophy, acute respiratory failure with hypoxia, atrial flutter, depression, chronic obstructive pulmonary disease, congestive heart failure, and dysphagia (difficulty or discomfort in swallowing).	F 689	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 689	Continued From page 2	F 689		

An admission Minimum Data Set (MDS) assessment, dated 6/30/22, indicated moderate cognitive impairment and supervision of one person for eating.

A care plan for self-care impairment, dated 6/30/22, indicated "eating assistance of one supervision [sic]".

A progress note, dated 7/12/22 at 12:15 p.m., indicated the following, " ...Resident put entire slice of garlic bread in mouth at once. Writer told resident not to take so much food at once and attempted to remove part of it but resident had already swallowed it ...."

A progress note, dated 7/12/22 at 12:25 p.m., indicated the following, " ...Writer was sitting at desk when CNA [certified nursing assistant] shouted to come because resident was "turning blue". Resident was unable to speak or cough. Heimlich maneuver was attempted multiple times without success at which point therapist began to attempt Heimlich, also without success at which point resident was moved from chair to floor and CPR initiated."

A progress note, dated 7/12/22 at 2:05 p.m., indicated the following, " ...Code was called at 12:44 pm and 911 called. Resident was in the dining room with a nurse attempting the Heimlich maneuver. Therapy then took over and dislodged some food. Resident color off and he gasp for air once. Resident lowered to the ground and CPR with AED initiated at 12:44. No shock advised. A police officer arrived at 12:48 and took over compressions. EMS arrived at 12:49 and took over. EMS called time of death at 1:13 pm ...."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 689	Continued From page 3	F 689		

An interview conducted with CNA 2, on 7/13/22 at 5:54 p.m., indicated she worked on 7/12/22 when the incident occurred with Resident B. He had a history of "shoveling" food in his mouth on a frequent basis. She recalled hearing the nurse at the time, 10 minutes prior to the incident, commenting "[Name of Resident b] stop shoveling food in your mouth". She proceeded to pass meal trays. About 10 minutes later she observed Resident B gasping and his lips appeared blue. She yelled toward the nurse at the time, and he jumped right up from the nurses' station and immediately started the Heimlich maneuver. A couple of staff members attempted the Heimlich maneuver without success. The staff then proceeded to place Resident B on the ground and initiate CPR. She doesn't recall there being many residents in the dining room during meal service when the incident occurred. Resident B was sitting at a table by himself before he was observed gasping and his lips turning blue. She believed that Resident B choked on pizza but when the staff lifted the lid on his tray the pizza remained on the plate. She stated "so, it must have been the bread".

A list of statements, typed, was provided by the Executive Director (ED), on 7/13/22 at 6:50 p.m.

A statement from Registered Nurse (RN) 4, dated 7/12/22, indicated the following, " ...He passed the resident his lunch tray in the dining room at approximately 1215 [12:15 p.m.]. He turned around to get a tray for another resident and he observed the resident putting the whole piece of garlic bread in his mouth ...He spoke to the resident and educated him on eating that fast and putting that much in his mouth. The resident had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 689	Continued From page 4	F 689		

already swallowed the garlic bread. He then went to the nurses station to complete charting and then approximately 5-10 minutes later a CNA named [Name of CNA 2] approached him and stated to come help [Name of Resident B], he is turning blue ...The resident couldn't speak, he couldn't cough ...He stated his lunch tray was a slice of pizza, garlic bread, salad and jello with fruit in it. He did not know that the resident had an order for mechanical soft. He does not remember if the tray had a diet slip/tray ticket on it ...."

An interview conducted with the Director of Nursing (DON), on 7/13/22 at 7:00 p.m., indicated the facility started putting menus on the meal carts so the staff can see what each specific diet should specifically contain. There will be oversight for each meal service and also to monitor the kitchen to ensure proper meal items are being served.

A policy titled Activities of Daily Living (ADLs), dated November of 2017, indicated the following, "...The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable...Care and services will be provided for the following activities of daily living...4. Eating to include meals and snacks...."

The Past Noncompliance Immediate Jeopardy began on 7/12/22. The Immediate Jeopardy was removed and corrected on 7/13/22, before entrance into the facility, when the facility completed staff education on following the plan of care for assistance with eating based on residents' needs and conduct supervision during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 689	Continued From page 5 meal service to monitor for any changes in residents' condition. The correction date was prior to the start of the survey and was therefore Past Noncompliance. This Federal tag relates to Complaint IN00385280. 3.1-45(a)(1) 3.1-45(a)(2)	F 689		
F 803 SS=J	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make	F 803		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 6 personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident received their diet as ordered that resulted in choking, administration of the Heimlich maneuver, administration of cardiopulmonary resuscitation (CPR), and ultimately in the death of Resident B for 1 of 3 residents reviewed for dietary needs. This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 7/12/22 when a resident with a history of putting large amounts of food into his mouth at a time, put an entire piece of garlic bread in his mouth, that was not consistent with his diet orders, that resulted in choking, administration of the Heimlich maneuver, administration of CPR, and Resident B passing away on 7/12/22. The Executive Director (ED), Director of Nursing (DON), Vice President of Clinical Operations, Resource Registered Nurse (RRN), and Area Vice President were notified of the Immediate Jeopardy on 7/14/22 at 11:31 a.m. Findings include: The clinical record for Resident B was reviewed on 7/13/22 at 4:30 p.m. The diagnoses included, but was not limited to, muscle wasting and atrophy, acute respiratory failure with hypoxia, atrial flutter, depression, chronic obstructive pulmonary disease, congestive heart failure, and dysphagia (difficulty or discomfort in swallowing). An admission Minimum Data Set (MDS) assessment, dated 6/30/22, indicated moderate cognitive impairment and supervision of one	F 803	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 7	F 803		

person for eating.

A care plan for self-care impairment, dated 6/30/22, indicated "eating assistance of one supervision".

A nutrition care plan, dated 6/30/22, indicated the intervention to provide diet as ordered.

A physician order, dated from 7/2/22 to 7/13/22, was noted for a mechanical soft/easy to chew diet for Resident B.

Speech Therapy notes, dated 6/28/22, indicated the following, " ...Clinical Bedside Assessment of Swallowing ...Clinical S/S [signs and symptoms] Dysphagia: Oral Phase Impairments characterized by: incomplete bolus [a small, rounded mass of a substance, especially of chewed food at the moment of swallowing] formation ...."

A progress note, dated 7/2/22 at 12:57 p.m., indicated the following, " ...resident began to have increased labored breathing - short- trouble swallowing and cough noted to be related - to shoveling of food during meal time - was able to extract food/particles - STAT [immediately] CXR [chest x-ray] to rule out aspiration - resident currently in dining room - with nurse and staff watch [sic] ...."

A progress note, dated 7/2/22 at 1:16 p.m., indicated Resident B's diet was downgraded to mechanical soft as a nursing measure.

A progress note, dated 7/6/22 at 1:24 p.m., indicated the following, " ...Resident was in the dining room eating lunch and started coughing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 8	F 803		

Writer went to resident's table and resident was able to clear his throat. Writer asked resident if he needed help with anything. Resident stated he was ok."

A progress note, dated 7/7/22 at 11:59 a.m., indicated the following, " ...Therapy reported that currently the biggest barrier for resident is confusion. Therapy reported that resident is in the severe range in ACLS [Allen Cognitive Level Screen Assessment], SLUMS [Saint Louis University Mental Status] and Clock assessments [It involves drawing a clock on a piece of paper with numbers, clock hands, and a specific time. The inability to do so is a strong indication of mental decline] ...."

A progress note, dated 7/12/22 at 12:15 p.m., indicated the following, " ...Resident put entire slice of garlic bread in mouth at once. Writer told resident not to take so much food at once and attempted to remove part of it but resident had already swallowed it ...."

A progress note, dated 7/12/22 at 12:25 p.m., indicated the following, " ...Writer was sitting at desk when CNA [certified nursing assistant] shouted to come because resident was "turning blue". Resident was unable to speak or cough. Heimlich maneuver was attempted multiple times without success at which point therapist began to attempt Heimlich, also without success at which point resident was moved from chair to floor and CPR initiated."

A progress note, dated 7/12/22 at 2:05 p.m., indicated the following, " ...Code was called at 12:44 pm and 911 called. Resident was in the dining room with a nurse attempting the Heimlich

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 9	F 803		

maneuver. Therapy then took over and dislodged some food. Resident color off and he gasp for air once. Resident lowered to the ground and CPR with AED initiated at 12:44. No shock advised. A police officer arrived at 12:48 and took over compressions. EMS arrived at 12:49 and took over. EMS called time of death at 1:13 pm ...."

An interview conducted with CNA 2, on 7/13/22 at 5:54 p.m., indicated she worked on 7/12/22 when the incident occurred with Resident B. He had a history of "shoveling" food in his mouth on a frequent basis. She recalled hearing the nurse at the time, 10 minutes prior to the incident, commenting "[Name of Resident b] stop shoveling food in your mouth". She proceeded to pass meal trays. About 10 minutes later she observed Resident B gasping and his lips appeared blue. She yelled toward the nurse at the time, and he jumped right up from the nurses' station and immediately started the Heimlich maneuver. A couple of staff members attempted the Heimlich maneuver without success. The staff then proceeded to place Resident B on the ground and initiate CPR. She doesn't recall there being many residents in the dining room during meal service when the incident occurred. Resident B was sitting at a table by himself before he was observed gasping and his lips turning blue. She believed that Resident B choked on pizza but when the staff lifted the lid on his tray the pizza remained on the plate. She stated "so, it must have been the bread".

A meal ticket with Resident B's name and picture, stated lunch, was provided by the Regional Dietary Staff on 7/13/22 at 4:55 p.m. Regional Dietary Staff indicated this was the meal ticket from 7/12/22 at lunch time. The meal ticket

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 10	F 803		

stated, "Mechanical Soft, Regular Diet".

A daily menu, dated 7/12/22, indicated the lunch being served consisted of pizza, Texas toast, salad, and pear gelatin. Under the category of "mechanical soft/easy to chew", the options were to give spaghetti in place of pizza and wheat bread in place of Texas toast.

A list of statements, typed, was provided by the Executive Director (ED), on 7/13/22 at 6:50 p.m.

A statement from Registered Nurse (RN) 4, dated 7/12/22, indicated the following, " ...He passed the resident his lunch tray in the dining room at approximately 1215 [12:15 p.m.]. He turned around to get a tray for another resident and he observed the resident putting the whole piece of garlic bread in his mouth ...He spoke to the resident and educated him on eating that fast and putting that much in his mouth. The resident had already swallowed the garlic bread. He then went to the nurses station to complete charting and then approximately 5-10 minutes later a CNA named [Name of CNA 2] approached him and stated to come help [Name of Resident B], he is turning blue ...The resident couldn't speak, he couldn't cough ...He stated his lunch tray was a slice of pizza, garlic bread, salad and jello with fruit in it. He did not know that the resident had an order for mechanical soft. He does not remember if the tray had a diet slip/tray ticket on it ...."

An interview conducted with the Director of Nursing (DON), on 7/13/22 at 7:00 p.m., indicated the facility started putting menus on the meal carts so the staff can see what each specific diet should specifically contain. There will be oversight for each meal service and also to monitor the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BRANDYWINE CARE CENTER	745 N SWOPE ST GREENFIELD, IN 46140

(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 803	Continued From page 11	F 803		

kitchen to ensure proper meal items are being served.

A policy titled "Therapeutic Diet Orders", undated, was provided by the DON on 7/14/22 at 10:00 a.m. The policy indicated the following, " ...The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences ...3. Therapeutic diets are provided only when ordered by the attending physician or a registered or licensed dietitian who has been delegated to write diet orders, to the extent allowed by state law ...5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed ...."

The Past Noncompliance Immediate Jeopardy began on 7/12/22. The Immediate Jeopardy was removed and corrected on 7/13/22, before entrance into the facility, when the facility completed audits of all residents' diet orders, ensure monitoring was conducted during meal service, and staff were educated on dietary needs and services of the residents. The correction date was prior to the start of the survey and was therefore Past Noncompliance.

This Federal tag relates to Complaint IN00385280.

3.1-20(a)
3.1-20(i)(4)