

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

PRINTED: 05/30/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155687		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/06/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MUNCIE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2701 LYN-MAR DR MUNCIE, IN 47304			
(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 Complaints IN00451341, IN00451394, and IN00451774.</p> <p>Complaint IN00451341 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451394 - Federal/state deficiency related to the allegations is cited at F684.</p> <p>Complaint IN00451774 - Federal/state deficiency related to the allegations is cited at F684.</p> <p>Survey dates: February 5 & 6, 2025</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 4 Medicaid: 70 Other: 24 Total: 98</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 10, 2025.</p>			F 0000	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth the survey report. Our Plan of Correction was prepared and executed as a means to continuously improve the quality of care and comply with all applicable federal and state requirements.</p> <p>The facility respectfully requests a desk review/paper compliance of our responses to this survey. Supporting documents of compliance have been uploaded with this response.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility</p>			F 0684	What corrective action(s) will be		02/26/2025

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

TITLE

(X6) DATE

Kaushik Patel

Executive Director

02/26/2025

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>failed to follow physician ordered parameters for medication administration related to a blood pressure medication for 1 of 3 residents reviewed for quality of care. (Resident B)</p> <p>Findings include:</p> <p>Resident B's closed clinical record was reviewed on 2/5/25 at 9:55 a.m. Diagnoses included heart failure, hypertension, constipation, dementia, and schizoaffective disorder. She was transferred to an emergency department and discharged from the facility on 12/28/25.</p> <p>A signed physician's order, dated 10/15/24, indicated to give metoprolol succinate extended release (to treat high blood pressure) 25 mg (milligram), 1/2 tablet (12.5 mg) in the evening to treat heart failure. The order indicated to hold the medication for a systolic blood pressure (SBP) below 100 and heart rate (HR) less than 60 beats per minute (BPM).</p> <p>On 12/22/24 at 8:00 p.m., the resident's SBP was 110 and her HR was 62 BPM. The resident's electronic medication administration record for December 2024, indicated the medication was held. The record lacked indication of the reason the medication was not administered.</p> <p>A signed physician's order, dated 10/11/24, indicated to give hydralazine hydrochloride (to treat high blood pressure) 100 mg, one tablet every eight hours for hypertension. Order indicated to hold medication for a SBP below 110 and/or a HR below 60 beats per minute.</p> <p>A review of the residents electronic medication administration record for December 2024, included the following:</p>				<p>accomplished for those residents found to have been affected by the deficient practice?</p> <p>3 out of 17 residents found to have parameter orders for blood pressure related medication were affected by deficient practice within the last 24 days. MD and family notified of medication given outside of parameters with no adverse effects noted after the administration of medication. One on one education provided to staff that were noncompliant with parameter order.</p> <p>-How be identified and what corrective actions will be taken?</p> <p>Audit completed on all residents with parameter orders for blood pressure related medication from the last 24 days to ensure compliance with physician orders.</p> <p>-What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Education completed with all nurses and qualified medication aides on medication administration and following physician ordered parameters. Ongoing audit to be completed by</p>		

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	<p>a. On 12/10/24 at 1:00 p.m., the resident's SBP was 102. The clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</p> <p>b. On 12/16/24 at 1:00 p.m., the resident's SBP was 92, the clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</p> <p>c. On 12/19/24 at 1:00 p.m., the resident's SBP was 105, the clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</p> <p>d. On 12/22/24 at 9:00 p.m., the resident's SBP was 110, the clinical record indicated the medication was held and not administered. The record lacked indication of reason for the medication being held.</p> <p>During an interview on 2/6/25 at 2:15 p.m., the DON indicated the medication should have been held or administered per physician order when within or outside of ordered parameters.</p> <p>A current facility policy, dated 2024, titled, "Medication Administration," provided by the DON on 2/6/25 at 2:50 p.m., included the following: "Policy Explanation and Compliance Guidelines:...8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside of the physician's prescribed parameters."</p> <p>This citation relates to Complaints IN00451394 and IN00451774.</p> <p>3.1-37(a)</p>			<p>DNS or to monitor administration records of residents with orders containing blood pressure parameters, to be completed 5X weekly x 4 weeks, 3X weekly x 4 weeks, weekly x 4 weeks and monthly thereafter.</p> <p>-How the corrective action will be monitored to ensure that deficient practice will not recur; I.e., what quality assurance program will be put into place?</p> <p>The results of these audits be reviewed at QAPI x 6 months to track for any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a PRN basis.</p>			