

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

PRINTED: 04/16/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155834		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/14/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00430232, IN00430252, IN00430257, IN00430263, IN00429481, IN00429043, IN00428996, and IN00428887.</p> <p>Complaint IN00430232 - No deficiencies related to the allegations are cited. Complaint IN00430252 - No deficiencies related to the allegations are cited. Complaint IN00430257 - No deficiencies related to the allegations are cited. Complaint IN00430263 - No deficiencies related to the allegations are cited. Complaint IN00429481 - Federal deficiencies related to the allegations are cited at F0584. Complaint IN00429043 - No deficiencies related to the allegations are cited. Complaint IN00428996 - No deficiencies related to the allegations are cited. Complaint IN00428887 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: March 12, 13, and 14, 2023</p> <p>Facility number: 013738 Provider number: 155834 AIM number: 100272170</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 9 Medicaid: 35</p>			F 0000			

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

TITLE

(X6) DATE

Sonia Patel

Executive Director

04/04/2024

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 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 30 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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F 0584 SS=D Bldg. 00	<p>Other: 25 Total: 69</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 26, 2024.</p> <p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)</p>						

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	<p>(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean environment for 1 of 4 resident rooms and bathrooms reviewed. (Resident B and C)</p> <p>Findings include:</p> <p>During a telephone interview on 03/12/24 at 9:38 a.m., the family member for former Resident D indicated the resident's bathroom had not been cleaned and smelled of mold.</p> <p>During an observation on 03/12/24 at 10:42 a.m., the room of Residents B and C was found to have food on the floor on Resident C's side, as well as a pillow without a pillow case on the floor propped up by the trash can, a towel on the floor at the foot of the bed, three blue caps from lancets on the floor, a plastic cup, a snack chip bag, a plastic spoon and two Styrofoam cups were found under the bed of Resident C. The shared bathroom smelled of urine, had a brown substance on the outside of the toilet bowl and ties from a dressing were on the floor under the sink.</p> <p>During an interview on 03/12/24 at 10:51 a.m., the Assistant Director of Nursing indicated one housekeeper was in the facility early that day and</p>		F 0584	<p>Preparation or execution of the plan of correction does not constitute admission or agreement or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is submitted to respond to allegations of noncompliance cited. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>1. What corrective actions will e accomplished for those residents found to have been affected by the deficient practice.</p>		04/05/2024	

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	<p>the second one just came in. The resident's room and bathroom should not have been left in that manner.</p> <p>During an interview on 03/14/24 at 3:52 p.m., the Executive Director indicated the two residents (B and C) that had the dirty room, were that way. Staff would clean the room and the residents would mess it up an hour later.</p> <p>A facility policy titled, "Resident Rights" undated and received from the Executive Director on 03/14/24 at 5:48 p.m., indicated "...The resident has a right to a safe, clean, comfortable and homelike environment...."</p> <p>This citation relates to Complaint IN00429481.</p> <p>3.1-19(f)</p>				<p>An audit of all resident rooms has been completed and corrected as needed.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All residents have the potential to be affected. Housekeeping supervisor will monitor and complete room checks daily.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice dose not recur. An audit of all rooms has been completed. All housekeeping staff have been in serviced on daily cleaning of resident rooms and all staff have been in serviced on resident to have a safe, clean and homelike environment.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put in place. Housekeeping Supervisor or designee will complete rooms checks daily x 30 days, 3 x per week for 4 weeks and weekly thereafter. Results will be submitted monthly to the QA Committee</p> <p>5. Compliance Date: 4-5-24</p>		

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to ensure a physician's order for an X-ray was completed for a resident after a fall for 1 of 3 residents reviewed for quality of care. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 03/12/24 at 11:38 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), heart failure, and a fracture to his right lower extremity.</p> <p>A progress note, dated 12/27/23 at 12:00 a.m., by the Nurse Practitioner (NP) indicated Resident B had fallen and initially did not have complaints of pain. He began to complain of pain in his legs, both shoulders and his back. He rated the pain at 10 out of 10. The NP note indicated "...imaging: X-ray of spine, bilateral shoulders, and bilateral lower extremities for post-fall...."</p> <p>A progress note, dated 12/27/23 at 3:00 p.m., titled, "IDT FALL," indicated the resident was to have X-ray imaging of the shoulders and ankle.</p>			F 0684	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. The facility does ensure that physicians' orders for X-rays are completed.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All residents with X-ray orders have the potential to be affected.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice dose not recur. All All licensed staff were educated related to following physician orders.</p> <p>4. How the corrective actions will be monitored to ensure the</p>		04/05/2024

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F 0695 SS=D Bldg. 00	<p>A progress note, dated 12/27/2023 at 7:01 p.m., indicated Resident B had complained of ankle and shoulder pain due to a fall on 12/26/23. The rounding NP requested for an x-ray to be done. resident complained of ankle & shoulder pain around morning, due to fall yesterday.</p> <p>There were no X-ray results found in the resident's record.</p> <p>There was no order for the X-rays found in the resident's orders.</p> <p>During an interview on 03/14/24 at 9:36 a.m., Corporate Support Nurse 1 indicated she could not find the X-ray result.</p> <p>During an interview on 03/14/24 at 5:11 p.m., Corporate Support Nurse 2 indicated the X-ray should have been done and facility staff needed to follow physician's orders.</p> <p>A facility policy titled, "Provision of Physician Ordered Services," dated 02/2023 and received from the Executive Director on 03/14/24 at 5:48 p.m., indicated "...Facility will maintain a schedule of diagnostic tests (laboratory and radiology) in accordance with the physician's orders...Qualified nursing personnel will submit timely requests for physician orders services (laboratory, radiology, consultations) to the appropriate entity...."</p> <p>3.1-37(a)</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.</p>				<p>deficient practice will not recur i.e. what quality assurance program will be put in place. DNS completed a 30-day lookback of X-ray orders with no deficiencies noted. DNS/designee will audit X-ray orders to ensure orders are placed and completed with Trident. This audit will occur 5x weekly for 6 weeks, then 3x weekly for 6 weeks, then 1x weekly for 3 months. Any negative findings will be corrected immediately. Results of all audits will be reviewed monthly at QAPI for the next six months to identify any trends or patterns. If identified, will continue audits based on IDT recommendation, otherwise will review on a PRN basis.</p> <p>5. Compliance Date: 4-5-24</p>		

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	<p>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to properly store nebulizer equipment in a sanitary manner on two separate occasions for 1 of 1 resident observed with respiratory equipment. (Resident B)</p> <p>Finding includes:</p> <p>During an observation on 03/12/24 at 10:36 a.m., a nebulizer machine for Resident B was found on the resident's bed. One end of the tubing was attached to the machine and the other end was noted to be lying on the floor. The mask was not observed to be found.</p> <p>During an observation on 03/14/24 at 10:55 a.m., Resident B's nebulizer machine was observed on the nightstand. The tubing was attached and hanging down the front of the nightstand. The mask was attached to the other end. It was not found to be stored in a bag.</p> <p>During an interview, on 03/12/24 at 10:51 a.m., the Assistant Director of Nursing indicated nebulizer tubing should not be on the floor and it should have been placed in a bag.</p> <p>The record for Resident B was reviewed on 03/12/24 at 11:38 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), heart failure, and a fracture to his right lower extremity.</p>			F 0695	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>equipment for Resident B was immediately stored appropriately. The facility does ensure that nebulizer equipment is stored in a sanitary manner.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All residents with nebulizer treatments have the potential to be affected.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice dose not recur. All staff were educated related to sanitary storage of nebulizer equipment.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e.</p>		04/05/2024

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	<p>A physician's order, initiated on 09/30/23, indicated to give albuterol sulfate 0.083% 2.5 milligrams/3 milliliters via nebulizer every four (4) hours for chronic obstructive pulmonary disease. The times for the administration were listed as: 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.</p> <p>A facility policy titled, "Nebulizer Therapy" dated 2023 and received from the Executive Director on 03/14/24 at 5:48 p.m., indicated "...Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag...."</p> <p>3.1-47(a)(6)</p>				<p>what quality assurance program will be put in place.</p> <p>DNS completed audit of storage of all nebulizer equipment with no deficiencies noted. DNS/designee will audit nebulizer equipment to ensure proper storage. This audit will occur 5x weekly for 6 weeks, then 3x weekly for 6 weeks, then 1x weekly for 3 months. Any negative findings will be corrected immediately. Results of all audits will be reviewed monthly at QAPI for the next six months to identify any trends or patterns. If identified, will continue audits based on IDT recommendation, otherwise will review on a PRN basis.</p> <p>5. Compliance Date: 4-5-24</p>		