

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 05/27/2022
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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 IN00380182.</p> <p>Complaint IN00380182 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-684 and F-9999.</p> <p>Survey dates: May 26 and 27, 2022.</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census Bed Type: SNF/NF: 102 Total: 102</p> <p>Census Payor Type: Medicare: 10 Medicaid: 66 Other: 26 Total: 102</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 31, 2022</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 on 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 of our responses to this survey.</p>	
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</p>			

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 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>professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to have a physician's order for a cervical collar used in management of a fracture for 1 of 4 residents reviewed for falls. (Resident D)</p> <p>Findings include:</p> <p>A Quarterly Minimum Data Set (MDS), dated 3/16/2022, indicated that Resident D has slight cognitive impairment, needed extensive assistance of one staff for dressing and personal hygiene, and had no falls during the review period.</p> <p>A care plan, dated 12/20/2021, indicated that Resident D wore a cervical collar due to a cervical fracture from a fall. Interventions included to follow up with neurology after admission and to wear the cervical collar at all times.</p> <p>A physician visit from 12/17/2021, indicated that Resident D was alert and oriented to time, place, and person. Under assessment, it indicated Resident D utilized a hard neck brace and to follow with neurology.</p> <p>A skin breakdown risk assessment for Resident D was completed on 3/16/2022 and indicated she was at high risk for skin breakdown.</p> <p>A physician visit from 5/23/2022, indicated that Resident D was alert and oriented to time, place, and person. Under assessment, it indicated Resident D utilized a hard neck brace and to follow with neurology.</p>	F 0684	<p>F 684 Quality of Care</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D: Medical record was reviewed for physician's order for utilization of a cervical collar.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents who are using braces or splints have the potential to be affected by the same deficient practice.</p> <p>Initial audit</p> <p>DNS or Designee completed a 7 day look back of residents to ensure all braces or splints are documented and are being used as ordered.</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</p> <p>Nurses, QMAs, and Aides received education on the proper usage of braces and splints to include but not limited to ensuring all braces and splints are utilized as ordered and documented.</p> <p>On-going monitoring</p>	06/14/2022

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	<p>No neurology note, or follow up appointment, was indicated in the medical record since admission.</p> <p>No physician order was in the chart pertaining to the use or direction of the cervical collar.</p> <p>During an observation on 5/26/2022 at 1:33 p.m., Resident D was laying supine in bed with a cervical collar in place. Resident D indicated she wears the cervical collar at all time and staff never remove it, not even during her showers.</p> <p>During an interview on 5/27/2022 at 11:40 a.m., Resident was laying supine in bed with a cervical collar in place. She again stated that the cervical collar is always in place and staff never remove it.</p> <p>During an interview with the Regional Director of Clinical Operations on 5/27/2022 at 1:20 p.m., she indicated that any resident that has an assistive device, including splints and braces, should have an order and direction for that device. She reviewed the care plan and indicated it did not push through for the certified nursing aides to review on their Kardex (assignment listing). She was unable to locate an order for the cervical collar on the chart.</p> <p>An interview with the Director of Nursing on 5/27/2022 at 1:40 p.m., indicated the primary care physician was updated and an order was received for the cervical collar. The care plan had been updated to make the brace viewable on the Kardex.</p> <p>A physician order for Resident D, dated 5/27/2022, indicated remove neck brace and check skin for irritation, skin breakdown, redness, etc.</p> <p>This Federal tag relates to Complaint IN00380182.</p>		<p>DNS or Designee will audit residents who are using braces or splints for documentation that devices are utilized as ordered and documented. These reviews to be conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p>	

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F 9999 Bldg. 00	<p>Based on interview and record review the facility failed to report to Indiana Department of Health (IDOH) a resident with a dislocated knee for 1 of 4 residents reviewed for facility reported incidents (Resident F).</p> <p>Finding include:</p> <p>During an interview with Resident F on 5/26/22 at 3:55 p.m., indicated a few days ago she was being assisted with getting dressed by an unknown staff member and she heard a loud "snap noise" and she had immediate pain in her left knee. The nurse had an x-ray done and the knee was dislocated. The orthopedic physician was going to repair it.</p> <p>Review of the record of Resident F on 5/27/22 at 10:58 a.m., indicated the resident's diagnoses included, but were not limited to, osteoarthritis and orthopedic aftercare for post status total knee arthroplasty of the left knee (4/22/22).</p> <p>The Nurse Practitioner note, dated 5/23/22 at 1:42 p.m., indicated Resident F was being seen for complaints of left knee pain. The resident's left knee was reddened and edematous. The resident was ordered an x-ray.</p> <p>The x-ray report for Resident F, dated 5/23/22, indicated the resident had an acute appearing anterior subluxation/ partial dislocation of the femur.</p> <p>The progress note for Resident F, dated 5/26/22 at 7:32 p.m., indicated the resident was scheduled to</p>	F 9999	<p>F 9999 FINAL OBSERVATIONS</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident F:Medical record was reviewed for timely reporting of incident.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All resident have the potential to be affected by the same deficient practice.</p> <p>Initial audit</p> <p>ED or Designee completed a 7 day look back of residents to ensure incidents are documented and reported according to ISDH reporting guidelines.</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>Education</p> <p>All staff received education on reporting guidelines according to ISDH guidelines</p> <p>On-going monitoring</p> <p>ED or Designee will audit residents for documentation that reportables are submitted within ISDH guidelines</p>	06/14/2022

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	<p>get a left knee liner replaced on 5/27/22 due to recent subluxation. The resident with a new physician order for non weight bearing and assist of two people for transfers.</p> <p>During an interview with the Administrator on 5/27/22 at 12:25 p.m., indicated the facility had not reported Resident F's dislocated left knee to the IDOH until four days later on 5/26/22 because she was unaware that a dislocation was suppose to be reported until the Corporate Nurse told her it was on 5/26/22.</p> <p>This Federal tag relates to Complaint IN00380182.</p>		<p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendation. If issues/trends are identified, then will continue audits based on QPI recommendation. If none noted, then will complete audits based on a prn basis.</p>		