

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

PRINTED: 12/06/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155248		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/31/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 30 E CHANDLER AVE EVANSVILLE, IN 47713			
(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 IN00390442.</p> <p>Complaint IN00390442: Substantiated. Federal/State deficiencies related to the allegation are cited at F694.</p> <p>Survey dates: October 31, 2022</p> <p>Facility number: 000152 Provider number: 155248 AIM number: 100267510</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 6 Medicaid: 71 Other: 13 Total: 90</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 3, 2022.</p>			F 0000			
F 0694 SS=D Bldg. 00	<p>483.25(h) Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p>						

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

TITLE

(X6) DATE

Shelly Brown

Executive Director

11/15/2022

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>Based on observation, interview, and record review, the facility failed to ensure a resident with an IV (intravenous) -implanted port received IV fluids as ordered by a physician to maintain patency for 1 of 2 residents reviewed for IV care. A resident did not receive routine flushes through a venous access port. (Resident D)</p> <p>Finding includes:</p> <p>During an observation and interview on 10/31/22 at 12:05 P.M., Resident D was sitting on their bed in their room. Resident D indicated they had a venous access port and pointed toward their left shoulder. The resident indicated that the port is not routinely cared for and that they do not receive monthly flushes.</p> <p>During record review on 10/31/22 at 11:00 A.M., Resident D's diagnoses included, but were not limited to; heart failure, presence of coronary angioplasty implant and graft, history of sepsis, and type 2 diabetes.</p> <p>Resident D's most recent quarterly MDS (Minimum Data Set) dated, 9/8/22, indicated the resident was cognitively intact.</p> <p>Resident D's physician orders included, but was not limited to; IV-Implanted Port (non-valved) -NON-ACCESSED flush monthly with 10 ml (milliliters) normal saline followed by 5 ml Heparin 100 units/ml strength (initiated May, 2022)</p> <p>Resident D's care plan included, but was not limited to; resident has potential for infection/complication due to port placement (initiated 10/21/21). Interventions included, but were not limited to; administer IV fluids/medications per physicians order.</p>			F 0694	<p>F694 Parenteral/ IV Date 10/31/2022 F694---What corrective action was accomplished for the resident found to have been affected by the deficient practice. · DON corrected schedule to reflects resident's implanted vascular access port order appears on EMAR. Resident's implanted port was flushed on 11/2/2022. ---How will other residents who may have the potential to be affected be identified? · Residents who have implanted vascular access ports have the potential to be affected. ---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur. · Nurses were in-serviced and educated by Director of Clinical Education on 11/01/2022 to ensure, implanted vascular access ports are flushed per physician's orders. And to ensure they select a routine schedule when entering implanted vascular access port orders. Accessing and de-accessing an implanted vascular access port policy reviewed with return demonstration and competency check list completed with registered nurses. ---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur</p>		11/02/2022

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	<p>Resident D's medical record lacked any documentation that the resident's port was flushed monthly.</p> <p>During an interview on 10/31/22 at 12:10 P.M., LPN 9 indicated Resident D should receive a monthly flush to their port.</p> <p>During an interview on 10/31/22 at 1:00 P.M., the DON (Director of Nursing) indicated the order for Resident D's flush was entered into the electronic medical record incorrectly, which resulted in nursing staff not being prompted to flush the port or document that the port had been flushed monthly, as ordered.</p> <p>On 10/31/22 at 1:10 P.M., the DON provided a facility policy titled Accessing and De-accessing an Implanted Vascular Access Port, dated 2021. The policy included, "...4. If not routinely used, implanted ports will be flushed and locked per physician's orders."</p> <p>This Federal tag relates to complaint allegation IN00390442.</p> <p>3.1-47(a)(2)</p>			<p>and what QA program will be put into place?</p> <p>· Director of Nursing / designee will audit implanted vascular access ports orders to ensure orders appear on EMAR and is flushed according to physician orders. 3Xs /week x 4 weeks, 1x/ week x 4weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 11/2/2022</p> <p>Brentwood is requesting paper compliance for F694</p>			