

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

PRINTED: 05/26/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155136		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/03/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - TERRACE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1900 ANDREW AVE LA PORTE, IN 46350			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00404097, IN00404287, and IN00406134.</p> <p>Complaint IN00404097 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404287 - Federal/State deficiencies related to the allegations are cited at F842</p> <p>Complaint IN00406134 - Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Survey dates: May 3, 2023</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 11 Medicaid: 94 Other: 20 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 5/5/23.</p>			F 0000	<p>Brickyard Terrace Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>Brickyard Terrace Center kindly requests consideration for a desk review.</p>		
F 0698 SS=D Bldg. 00	<p>483.25(l) Dialysis §483.25(l) Dialysis. The facility must ensure that residents who</p>						

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

TITLE

(X6) DATE

Tiffany Shepperd

Executive Director

05/17/2023

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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	<p>require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview, the facility failed to ensure dialysis access sites were assessed and monitored for 2 of 3 residents reviewed for dialysis. (Residents C and D)</p> <p>Findings include:</p> <p>1. The record for Resident C was reviewed on 5/3/23 at 11:28 a.m. Diagnoses included, but were not limited to, chronic kidney disease and dependent on renal dialysis.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 5/2/23 and still in progress, indicated the resident was cognitively intact.</p> <p>A Care Plan, dated 4/26/23, indicated the resident received hemodialysis related to renal failure. Interventions included, but were not limited to, check access site (fistula/graft/catheter) for signs of infection (redness, hardness, swelling, pain, drainage, elevated temperature, and body chills).</p> <p>A Physician's Order, dated 4/25/23, indicated the access site was to be assessed for any signs and symptoms of bleeding and infection every day shift on Tuesday, Thursday, and Saturday.</p> <p>The April and May 2023 Medication and Treatment Administration Records, indicated there was no documentation related to assessing the access site.</p> <p>There was also no documentation indicating what type of dialysis access site the resident had in</p>			F 0698	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident C access site was monitored. Documentation updated to reflect the type of dialysis access site resident has in place. No adverse effect from alleged deficient practice. Resident D Physician order placed for monitoring the dialysis access site. Documentation updated to reflect the type of access site. Monitoring took place immediately no ill effect due to alleged deficient practice <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All current residents receiving dialysis have the potential to be affected by this alleged deficient practice. All residents that require dialysis were audited to ensure monitoring and orders are in place. Full house audit completed for all residents that require dialysis and the type of dialysis access site in place. <p>What measures will be put into place or what systematic</p>		05/17/2023

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	<p>place.</p> <p>Interview with the Director of Nursing on 5/3/23 at 3:30 p.m., indicated the resident had a perma catheter access site and the area should have been monitored.</p> <p>2. The record for Resident D was reviewed on 5/3/23 at 12:39 p.m. Diagnoses included, but were not limited to, chronic kidney disease and dependence on renal dialysis.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 4/28/23, indicated the resident was cognitively intact and she was receiving dialysis while a resident of the facility.</p> <p>A Care Plan, dated 4/26/23, indicated the resident had an alteration in her kidney function evidenced by hemodialysis. Interventions included, but were not limited to, check access site (fistula/graft/catheter) for signs of infection (redness, hardness, swelling, pain, drainage, elevated temperature, and body chills).</p> <p>The May 2023 Physician's Order Summary indicated the resident received dialysis three times a week on Monday, Wednesday, and Friday.</p> <p>There was not a Physician's Order related to monitoring the dialysis access site.</p> <p>The April and May 2023 Medication and Treatment Administration Records, indicated there was no documentation related to assessing the access site.</p> <p>Interview with the Director of Nursing on 5/3/23 at 3:30 p.m., indicated the resident had a perma catheter access site and the area should have</p>				<p>changes will you make to ensure that the deficient practices do not recur?</p> <ul style="list-style-type: none"> All clinical staff were educated on obtaining physician orders and monitoring dialysis sites to include the type of dialysis access site. Director of nursing /designee will audit all residents receiving dialysis 5x each week x 6 months to ensure dialysis orders are in place as well as monitoring of dialysis site and type of dialysis access site. Audits will include all shifts, units and weekends <p>How will corrective actions(s) be monitored to ensure the deficient practice will not occur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> The Director of nursing / designee will complete audit tool to reflect proper monitoring and orders are in place using attached audit sheet. The Director of Nursing / Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue. 		

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F 0842 SS=D Bldg. 00	<p>been monitored.</p> <p>This Federal tag relates to Complaint IN00406134.</p> <p>3.1-37(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p>						

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	<p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to food intake for 1 of 3 residents reviewed for</p>	F 0842	What corrective action will be accomplished for those residents found to have been affected by the deficient		05/17/2023		

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	<p>nutrition. (Resident F)</p> <p>Finding includes:</p> <p>The record for Resident F was reviewed on 5/3/23 at 1:32 p.m. Diagnoses included, but were not limited to, morbid obesity due to excess calories and type 2 diabetes mellitus.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 3/25/23, indicated the resident was cognitively intact and he needed extensive assistance with eating.</p> <p>A Care Plan, dated 4/7/23, indicated the resident was at nutritional risk related to obesity and a body mass index (BMI) greater than 35. He required a therapeutic diet related to wounds, hand tremors, history of a tube feeding, and his meal intake varied. Interventions included, but were not limited to, monitor and record meal intake daily.</p> <p>A Physician's Order, dated 3/22/23, indicated the resident was to receive a regular diet with double protein.</p> <p>On 4/3/23, the resident weighed 252 pounds and on 5/2/23, the resident weighed 245 pounds.</p> <p>The April 2023 Food Consumption Sheets, indicated the following:</p> <ul style="list-style-type: none"> - No breakfast was documented on 4/7/23 and 4/16/23 - No dinner was documented on 4/9/23, 4/29/23, and 4/30/23 - No breakfast or lunch was documented on 4/10/23, 4/11/23, 4/13/23, 4/17/23, 4/21/23, 4/23/23, and 4/24/23 				<p>practice?</p> <ul style="list-style-type: none"> · Resident F food consumption documented, and care plan updated. No ill effect from alleged deficient practice. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All current residents in the facility have the potential to be affected by this alleged deficient practice. A full house audit was completed to ensure meal consumption logs were documented for the rest of the residents in the facility. <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practices do not recur?</p> <ul style="list-style-type: none"> · All clinical staff were educated on documenting meal consumptions for all meals · Director of nursing /designee will audit 5 residents meal consumption logs 5x each week x 6 months to ensure meal consumption logs are completed. · Audits will include all shifts, units and weekends <p>How will corrective actions(s) be monitored to ensure the deficient practice will not occur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · The Director of nursing / 		

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	<p>Interview with the Nurse Consultant on 5/3/23 at 4:30 p.m., indicated the intervention to monitor and record food intake daily should not have been listed on the Care Plan.</p> <p>This Federal tag relates to Complaint IN00404287.</p> <p>3.1-50(a)(1)</p>				<p>designee will complete audit tool to reflect proper meal consumption documentation using attached audit sheet.</p> <p>· The Director of Nursing / Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p>		