

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

PRINTED: 10/06/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4088 FRAME RD NEWBURGH, IN 47630			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00374343.</p> <p>Complaint IN00374343 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 10, 11, 12, 13, 14, 2022</p> <p>Facility number: 000155 Provider number: 155252 AIM number: 100266830</p> <p>Census Bed Type: SNF/NF: 103 Total: 103</p> <p>Census Payor Type: Medicare: 8 Medicaid: 69 Private: 17 Other: 9 Total: 103</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 19, 2022.</p>			F 0000	<p>Preparation and submission of this Plan Of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</p>		
F 0554 SS=D Bldg. 00	<p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure residents that</p>			F 0554	<p>--F554 D What corrective action will be accomplished for those</p>		10/07/2022

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>were self administering medications were assessed for capability to self administer medications for 1 of 3 residents observed for accidents. (Resident 69)</p> <p>Findings include:</p> <p>On 9/14/22 at 10:27 A.M., Resident 69 was observed sleeping in bed. On the bedside table, 1 medication cup was observed. In the medication cup, was 2 (two) white oblong pills, 1 (one) yellow capsule, and 1 (one) white, small, oblong pill.</p> <p>During an interview on 9/14/22 at 10:30 A.M., LPN (Licensed Practical Nurse) 7 indicated those "were her morning pills." She indicated that when she passed medications that morning, the resident took 2 (two) pills and told her she would take the rest. The nurse left the remaining 4 (four) pills with the resident to take later.</p> <p>During an interview on 9/14/22 at 10:33 A.M., LPN 3 indicated that their policy was to watch the residents take all medications during medication pass and not leave them with the resident.</p> <p>During an interview on 09/14/22 at 11:28 A.M., the DON (Director of Nursing) indicated that Resident 69 did not have a self medication administration assessment because she was not one of their residents that self administers her medications.</p> <p>On 9/14/22 at 11:01 P.M., Resident 69's clinical record was reviewed. The most recent annual MDS (minimum data set) Assessment, dated 8/12/22, indicated Resident 69 was cognitively intact. Diagnoses included, but were not limited to, dementia, depression, and mild cognitive impairment.</p>				<p>residents found to have been affected by the deficient practice. Medication on 9/14/22 administered to resident #69. LPN #7 was by RN on 9/14/22 on medication administration and a skills checklist on medication administration was completed.</p> <p>--How will other residents who may have the potential to be affected be identified?</p> <p>All residents have the potential to be affected.</p> <p>-- What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>All RNs, LPNs and QMAs were on medication administration by 10/7/2022. DNS/designee will observe 5 random residents medication administration 1x/week x 4 weeks then 1x every other week x 4 weeks and then monthly x 4 months.</p> <p>--How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what QA program will be put into place?</p> <p>Results will be monitored in QAA x 6 months unless further</p>		

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F 0641 SS=E Bldg. 00	<p>Resident 69's clinical record lacked a self administration of medications assessment.</p> <p>Resident 69's current orders lacked an order to self administer medications.</p> <p>Resident 69's clinical record lacked a care plan to self administer medications.</p> <p>On 9/14/22 at 12:40 A.M., a current non-dated Resident Self-Administration of Medication policy was provided and indicated "A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered."</p> <p>3.1-11(a)</p> <p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on interview and record review, the facility failed to ensure MDS (minimum data set) Assessments were accurate for 2 of 5 residents reviewed for unnecessary medications and 2 of 2 residents reviewed for resident assessments. (Resident 54, Resident 74, Resident 67, Resident 100)</p> <p>Findings include:</p> <p>1. On 9/13/22 at 1:20 P.M., Resident 54's clinical record was reviewed. Diagnoses include, but are not limited to, cerebral infarction, hypertension, and low back pain. The most recent quarterly MDS Assessment, dated 8/3/22, indicated diuretic and opioid use for the previous 7 days.</p>			F 0641	<p>monitoring is deemed necessary at that time.</p> <p>--Systematic changes will be completed by: 10/7/2022</p> <p>***Requesting paper compliance**</p> <p>--F corrective action will be accomplished for those residents found to have been affected by the deficient practice. MDSs for #100, # 74, and #67 were modified with corrections and resubmitted. MDS assistant was on accurate completion of section N of the MDS.</p> <p>--How will other residents who may have the potential to be affected be identified?</p> <p>All residents have the potential to</p>		10/07/2022

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	<p>Current physician's order included but were not limited to the following: furosemide tablet (a diuretic) 20MG (milligrams) by mouth one time a day every other day, started on 6/29/22. hydrocodone-acetaminophen tablet (an opioid) 5-325MG 0.5 tablet by mouth every 6 hours as needed, started 7/7/22.</p> <p>Resident 54's MAR (Medication Administration Record) for July and August 2022 indicated resident received furosemide on 7/29/22, 7/31/22, and 8/2/22. The resident also received hydrocodone-acetaminophen on 8/1/22.</p> <p>During an interview on 9/13/22 at 2:39 P.M., MDS Coordinator 1 indicated there were no hydrocodone-acetaminophen or tramadol tablets and 4 (four) furosemide tablets given in 7 day look back period. She further indicated that the MDS was incorrect.</p> <p>2. On 9/13/22 at 1:30 P.M., Resident 100's clinical record was reviewed. Current diagnoses included, but were not limited to, diabetes mellitus type 2, chronic obstructive pulmonary disease, and dementia. The most recent annual MDS Assessment, dated 7/30/22, indicated insulin use for the previous 7 days.</p> <p>Resident 54's MAR for July 2022 indicated resident received Trulicity Solution Pen-injector 0.75 mg/0.5mL (milliliters) on 7/30/22.</p> <p>During an interview on 9/13/22 at 2:39 P.M., MDS Coordinator 1 indicated there was only 1 dose of Trulicity given because it is a weekly injection. She further indicated that the MDS was incorrect.</p> <p>3. On 9/13/22 at 1:30 P.M., Resident 74's clinical</p>				<p>be affected.</p> <p>-- What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>The RN assessment RNAC) the MDS assistant on accurate completion of section N of the MDS. The RNAC will monitor 3 MDSs section 0350 a and b, and section N 0410 , and h for weekly x 4 weeks, then every other week x 4 weeks and then monthly x 4 months.</p> <p>--How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what QA program will be put into place?</p> <p>Results will be monitored in QAA x 6 months unless further monitoring is deemed necessary at that time.</p> <p>--Systematic changes will be completed by: 10/7/2022</p> <p>***Requesting paper compliance**</p>		

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	<p>record was reviewed. Diagnoses included, but were not limited to, spondylosis, hypertension, chronic ischemic heart disease, and fibromyalgia. The most recent significant change MDS Assessment, dated 8/26/22, indicated anticoagulant use for the previous 7 days and opioid use 3 days.</p> <p>Resident 74's MAR for August 2022 indicated the resident did not take an anticoagulant. The resident did receive hydrocodone-acetaminophen (an opioid) on 8/22/22.</p> <p>During an interview on 9/13/22 at 2:39 P.M., MDS Coordinator 1 indicated after reviewing the MAR that the MDS was incorrect.</p> <p>4. On 9/13/22 at 11:52 P.M., Resident 67's clinical record was reviewed. Diagnoses included, but were not limited to, Non-Alzheimer's Dementia, Bipolar disorder, and depression. The most recent quarterly MDS Assessment, dated 8/11/22, indicated antipsychotic use for the previous 7 days.</p> <p>Resident 67's MAR for August 2022 indicated the resident only received Risperdal Consta Suspension Reconstituted ER 12.5mg (an antipsychotic) on 8/6/22.</p> <p>During an interview on 9/13/22 at 2:39 P.M., MDS Coordinator 1 indicated after reviewing the MAR that the MDS was incorrect.</p> <p>On 9/13/22 at 3:00 P.M., a current non-dated MDS policy was provided and indicated "Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan...accurate and standardized assessment of each resident's</p>						

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F 0695 SS=D Bldg. 00	<p>functional capacity, using the RAI [resident assessment instrument] specified by the state...persons completing part of the assessment must attest to the accuracy..."</p> <p>3.1-31(i)</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. 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 ensure residents received necessary respiratory care and services in accordance with professional standards of practice. Oxygen concentrator filters were not clean for 2 of 3 oxygen concentrators sampled for observation. (Resident 16, Resident 99)</p> <p>Findings include:</p> <p>1. On 9/12/22 at 12:47 P.M., Resident 16 was observed sitting in her room with oxygen on via nasal cannula. At that time, the filter on the oxygen concentrator was observed with a layer of dust.</p> <p>On 9/13/22 at 2:38 P.M., the same was observed on Resident 16's oxygen concentrator.</p> <p>On 9/14/22 at 9:53 A.M., the same was observed</p>			F 0695	<p>--F695 corrective action will be accomplished for those residents found to have been affected by the deficient practice. Residents #16 and #99 had the filters on their concentrators cleaned on 9/14/22.</p> <p>--How will other residents who may have the potential to be affected be identified?</p> <p>All residents using concentrators have the potential to be affected.</p> <p>-- What measures will be put into place or what systematic changes will be made to ensure that the</p>		10/07/2022

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	<p>on Resident 16's oxygen concentrator. At that time, the oxygen concentrator was observed with [company name] on the outside of the concentrator with the date 6/22/21.</p> <p>On 9/13/22 at 10:37 A.M., Resident 16's clinical record was reviewed. Diagnosis included, but were not limited to, asthma. The most recent admission MDS (minimum data set) Assessment, dated 7/3/22, indicated Resident 16 was cognitively intact, required extensive assistance of 1 (one) with bed mobility and transfers, and received oxygen while a resident.</p> <p>Current physician orders included, but were not limited to, the following: O2 (oxygen) at 3L (liters) as needed, started 9/12/22.</p> <p>A current alteration in respiratory status care plan included, but was not limited to, the following interventions: Administer oxygen as needed per physician order</p> <p>During an interview on 9/14/22 at 10:00 A.M., LPN (Licensed Practical Nurse) 3 indicated oxygen concentrators and filters were serviced by the oxygen company that came in weekly to fill the tanks. She indicated they had been in the facility a week prior looking at the concentrators.</p> <p>2. On 9/11/22 at 10:18 A.M., Resident 99 was observed lying in bed with oxygen on via nasal cannula. At that time, the filter on the oxygen concentrator was observed with a layer of dust.</p> <p>On 9/13/22 at 2:26 P.M., the same was observed on Resident 99's oxygen concentrator.</p> <p>On 9/14/22 at 10:06 A.M., the same was observed</p>		<p>deficient practice does not recur.</p> <p>All concentrator filters were cleaned by staff on 9/16/22. On 9/27/22 the oxygen company, LinCare, cleaned all concentrator filters. department was by 10/7/22 on cleaning of the concentrator filters. Cleaning of the concentrator filters was placed on the preventative Maintenance schedule to be completed weekly by the maintenance department.</p> <p>--How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what QA program will be put into place?</p> <p>Results will be monitored in QAA x 6 months unless further monitoring is deemed necessary at that time.</p> <p>--Systematic changes will be completed by: 10/7/2022</p> <p>***Requesting paper compliance**</p>				

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	<p>on Resident 99's oxygen concentrator. At that time, the concentrator was observed with [company name] on the outside of it, and the date 9/9/21.</p> <p>On 9/13/22 at 10:22 A.M., Resident 99's clinical record was reviewed. Diagnosis included, but were not limited to, COPD (chronic obstructive pulmonary disease) and chronic respiratory failure. The most recent quarterly MDS Assessment, dated 8/31/22, indicated Resident 99 was cognitively intact, required extensive assistance of 2 (two) with bed mobility and transfers, and received oxygen while a resident.</p> <p>Current physician orders included, but were not limited to, the following: O2 3L via nasal cannula every shift, started 7/28/21.</p> <p>A current alteration in respiratory status care plan included, but was not limited to, the following interventions: Administer oxygen as needed per physician order, dated 9/12/22.</p> <p>During an interview on 9/14/22 at 10:10 A.M., RN (Registered Nurse) 9 indicated the oxygen company was in the facility weekly to service the oxygen concentrators.</p> <p>During an interview on 9/14/22 at 11:27 A.M., the DON (Director of Nursing) indicated the oxygen servicing company was responsible for cleaning the oxygen concentrator filters as needed, and that the nurses were also able to clean the filters.</p> <p>On 9/14/22 at 12:40 P.M., a current non-dated Oxygen Concentrator policy was provided and indicated "Staff responsible for the use and care</p>						

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F 0921 SS=E Bldg. 00	<p>of oxygen concentrators receive training on oxygen safety and the functionality of the device" The policy lacked information related to oxygen concentrator filters.</p> <p>3.1-47(a)(6)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe, comfortable, and homelike environment was maintained in resident rooms and restrooms in 2 of 3 units. Resident room floors were not clean, restrooms trash was overflowing, resident personal hygiene items were not covered and labeled in shared restrooms, and a resident restroom sink had come apart from the countertop. (100 unit, 500 unit, Resident 12, 13, 18, 36, 42, 69, 79, 86, 88, 93, 95, 96, 97, 102, 179, Rooms 105, 107, 112, 113, 114, 115, 500, 502)</p> <p>Findings include:</p> <p>1. During an interview on 9/12/22 at 10:00 A.M., Resident 96 indicated that their room was not cleaned routinely. During an observation on 9/12/22 at 10:02 A.M., Room 105 and room 107's, Resident 96, 95, 12, and 18's shared restroom trashcan was overflowing, and a surgical glove was laying on the floor.</p> <p>2. During an observation in room 112 on 9/11/22 at 11:07 A.M., a white tablet was on the floor under a chair near the 2nd bed.</p>			F 0921	<p>--921 E What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Rooms 105, 107, and 112 floors were and trash was emptied.</p> <p>Room sink was stabilized and .</p> <p>Room 113 had the toilet paper holder replaced and the trash can was emptied.</p> <p>Room 500 and 502 had the toothbrushes bagged and labeled</p> <p>Room 502 had the bedpan disposed.</p> <p>--How will other residents who may have the potential to be affected be identified?</p> <p>All residents have the potential to be affected.</p> <p>-- What measures will be put into</p>		10/07/2022

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	<p>During an observation in room 112 on, 9/12/22 at 8:25 A.M., a white tablet was on the floor under a chair near the 2nd bed.</p> <p>During an observation in room 112 on 9/12/22 at 11:56 A.M., the restroom (shared with room 114), (Resident 93, 69, 42, and 97) had a gap between the sink and countertop where the caulking appeared to be peeled apart leaving an open space.</p> <p>During an observation on 9/13/22 at 1:20 P.M., the restroom (shared with room 114) had a gap between the sink and countertop where the caulking appeared to be peeled apart leaving an open space.</p> <p>3. During an observation in room 113 on 9/12/22 at 11:18 P.M., the restroom (shared with room 115), (Resident 86, 13, and 88) did not have a toilet paper roll holder.</p> <p>During an observation in room 113 on 9/13/22 at 1:15 P.M., the restroom (shared with room 115) had overflowing trash on the floor from a full trashcan and no toilet paper roll holder.</p> <p>4. During an observation in room 500 on 09/11/22 10:30 A.M., a shared restroom for Resident's 102 and 36 had an uncovered bedpan laying on the floor and 2 toothbrushes laying next to the sink uncovered and unlabeled.</p> <p>During an observation on room 500 on 9/13/22 at 1:25 P.M., a shared restroom had 2 toothbrushes laying next to the sink uncovered and unlabeled.</p> <p>5. During an observation in room 502 on 9/11/22 at 10:45 A.M., a shared restroom for Residents 179 and 39 had a toothbrush was sitting on the countertop unlabeled and uncovered in a shared restroom.</p> <p>During an observation in room 502 on 9/13/22 1:10 P.M. personal items including toothbrushes were</p>				<p>place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>Nursing staff were on proper storing and labeling of personal hygiene products by 10/7/22. Maintenance checked all resident bathrooms sinks to ensure they are secured to the countertops and properly caulked. department on proper room cleaning including emptying trash and cleaning floors. ED/designee will monitor emptying of trash and cleaning of floors in 5 resident rooms/week x 4 weeks, 5 rooms every other week x4 weeks, and then 5 rooms /month x 4 months.</p> <p>--How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what QA program will be put into place?</p> <p>Results will be monitored in QAA x 6 months unless further monitoring is deemed necessary at that time.</p> <p>--Systematic changes will be completed by: 10/7/2022</p> <p>**Requesting paper compliance**</p>		

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

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
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	<p>uncovered and unlabeled in a shared restroom.</p> <p>6. During a review of resident council minutes from March 2022 through August 2022, the following was included: July 6, 2022 - Resident council minutes - 4 of 15 residents attending the meeting had concerns with housekeeping not cleaning routinely. June 1, 2022 - Resident council minutes- An unspecified number of residents had concerns that rooms were not getting cleaned thoroughly. Mopping and sweeping was not being done daily.</p> <p>During an interview on 9/13/22 at 1:47 P.M. CNA (Certified Nurse Aide) 29 indicated the CNA's should cover resident personal hygiene items such as toothbrushes by putting them in a plastic bag and should label them with the resident name.</p> <p>During an interview on 9/14/22 at 10:32 A.M., the Housekeeping Supervisor indicated each resident room should be cleaned daily, including sweeping and mopping.</p> <p>On 9/13/22 at 2:00 P.M., Regional Nurse 3 supplied a facility policy titled, Routine Cleaning and Disinfection, dated 07/2019. The policy included, "It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment ..."</p> <p>3.1-19(f) 3.1-19(f)(5)</p>						