STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155138	A. BUILDING 00 B. WING	02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE – CHURCHMAN CARE CENTER	2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00372303. Complaint IN00372303 - Substantiated. Federal/State deficiencies related to the allegations are cited at F551. Survey date: February 9, 2022 Facility number: 000063 Provider number: 155138 AIM number: 100266210 Census Bed Type: SNF/NF: 76 Total: 76 Census Payor Type: Medicare: 2 Medicaid: 70 Other: 4 Total: 76 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 11, 2022.	F 0000	This plan of correction is respectfully submitted as evidence of alleged compliance for the survey completed on 2/9/22. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that the corrections to the areas cited have been made and the facility is in compliance with the participation requirements. Brickyard Healthcare – Churchman Care Center is respectfully requesting paper compliance.	
F 0551 SS=D Bldg. 00	483.10(b)(3)-(7)(i)-(iii) Rights Exercised by Representative §483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. (i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative. (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law. §483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law. §483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law. §483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law. §483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative			

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	appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law. (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority. (ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative. (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process. Based on interview and record review, the facility failed to ensure staff followed the court appointed guardian's directive regarding notification and approval prior to allowing a resident to leave the facility for 1 of 3 residents reviewed for delegation of resident's rights. (Resident B) Finding includes: On 2/9/2022 at 12:30 p.m., Resident B's clinical record was reviewed. The Quarterly Minimum Data Set (MDS) assessment, dated 1/31/2022, indicated Resident B was moderately cognitively impaired. Resident B's Admission Record, dated 11/10/2021, indicated he had a court appointed guardian. On 11/15/2021, the guardian organization provided a copy of the Order Appointing Temporary Guardian, dated 10/6/2021. A review of the document indicated Resident B had a court	F 0551	Resident B Continues to reside in the facility. Resident B guardianship papers have been reviewed, and staff were updated on guardian instructions regarding notification to include going LOA from the facility. Residents who have a guardian in place have the potential to be affected by the alleged deficient practice. An audit was performed and any current resident with a guardian was reviewed for current instructions on notification to include going LOA from facility. Current guardians were contacted to assure the facility has updated contact information and what process would be put into place in the event the guardian was unavailable. Nursing staff and Front office administration have been	02/23/2022

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	appointed temporary guardian from 10/6/2021 to 12/8/2021. On 11/15/2021, the guardian organization provided, to the facility, a copy of the "Guardian's Instructions and Authorizations regarding sharing of information and visitation parameters" document. A review of the document indicated, "...the purpose of this memorandum is to provide you with certain instructions and authorizations...you are hereby instructed to not allow anyone but facility staff or other medical providers to take [Resident B] off the property without the express consent of the [Name of Guardian Organization]...under no circumstances should our client be allowed to leave your facility without the express permission of [Name of Guardian Organization]..." On 12/8/2021, a letter of Permanent Guardianship, dated 12/8/2022, was issued to the (Name of Guardian Organization). A review of the document indicated, Resident B was "...unable to make health care decisions for himself and is hereby found to be an incapacitated person under Indiana law...is in need of a guardian because of that incapacity..." On 2/9/2022 at 1:20 p.m., the facility's Leave of Absence document, located at the Receptionist's desk, was reviewed. During an interview at that time, the Receptionist indicated the document was designed to track when residents leave and return to the facility. Resident B had left the facility, with a family member, on 12/4/2021 and again on 12/5/2021. The document lacked a specific time for each date as to when Resident B had left and returned to the facility. The Receptionist was unable to locate the January 2022 Leave of Absence document; however, indicated she		inserviced on residents with guardians to include notification of guardian and instructions on going LOA from the facility. An audit will be completed weekly x 4 weeks on all current residents with an appointed guardian and any resident that has a newly appointed guardian to assure notification instructions to include going LOA from the facility have been followed and documented, then bi-weekly x 4 weeks then monthly x 4 months. The ED will provide the results of these audits to QAPI monthly x 6 months or until 100% compliance is achieved x 3 consecutive months. Results of the audits will be adapted or adjusted as needed to maintain compliance. Please see exhibit A. Compliance Date – February 23rd, 2022	

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	thought Resident B had also left the facility, with a family member, in January 2022. On 2/9/2022 at 1:35 p.m., the clinical record lacked documentation that verified Resident B's guardian was notified of any requests for Resident B to leave the facility with family members. During an interview on 2/9/2022 at 12:20 p.m., Resident B indicated he had left the facility "several times" to visit with his family member. During an interview on 2/9/2022 at 1:00 p.m., the Social Services Director indicated since admission, Resident B's guardianship was through the (Name of Guardian Organization). Resident B's guardian indicated Resident B was not to leave the facility without her prior approval. However, on "several" occasions, Resident B had left the facility, with a family member without the guardian's prior approval. The A Wing Unit Manager should have contacted the guardian prior to Resident B leaving the facility. During an interview on 2/9/2022 at 1:35 p.m., the A Wing Unit Manager indicated Resident B has had a guardian since his admission. Resident B left the building with his family member on 12/4/2021, 12/5/2021, and 1/4/2022. The A Wing Unit Manager indicated the clinical record lacked documentation that verified the guardian was notified and prior approval was obtained when Resident B left the facility with a family member for those three dates. On 2/9/2022 at 2:20 p.m., the A Wing Unit Manager provided copies of Resident B's progress notes and indicated she had "just updated the record." A review of the progress notes indicated the following:			

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	-effective date: 1/4/2022 at 5:38 p.m. created date: 2/9/2022 at 1:52 p.m. "guardian [was] notified resident [Resident B] left LOA [leave of absence] with [family member]" -effective date: 12/5/2021 at 1:15 p.m. created date: 2/9/2022 at 2:09 p.m. "guardian [was] notified resident [Resident B] LOA [leave of absence] with family a few hours" -effective date: 12/4/2021 at 3:00 p.m. created date: 2/9/2022 at 2:07 p.m. "guardian [was] notified LOA [leave of absence] with family stating few hours" On 2/9/2022 at 2:45 p.m., the Director of Nursing provided an undated copy of the Resident Excursion Form and indicated it was the current policy in use by the facility. A review of the policy indicated the facility lacked a detailed description regarding the resident's delegation of rights to be followed by facility staff. During an interview at that time, the Director of Nursing indicated the facility did not have a specific delegation of rights policy in use by the facility. On 2/9/2022 at 2:45 p.m., the Director of Nursing provided an undated copy of the Resident Rights policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...the resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative..." This Federal tag relates to Complaint IN00372303.			

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	3.1-3(c)			