STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155384	A. BUILDING 00 B. WING	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - LINCOLN HILLS CARE CENTER	402 19TH STREET TELL CITY, IN 47586

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaint IN00452101. Complaint IN00452101: No deficiencies are cited related to the allegation(s). Unrelated deficiencies are cited. Survey date: January 28, 2025 Facility number: 000411 Provider number: 155384 AIM number: 100275100 Census Bed Type: SNF/NF: 62 Total: 62 Census Payor Type: Medicare: 2 Medicaid: 50 Other: 10 Total: 62 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 31, 2025.	F 0000	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. We would like to respectfully request a desk review.	
F 0678 SS=D Bldg. 00	483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) Based on interview and record review, the facility failed to ensure a resident's code status was known during an emergency situation for 1 of 2	F 0678	What corrective action will be accomplished for those residents found to have been affected by the	02/28/2026

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

Julie Pennington | Executive Director | 02/13/2025

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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	residents reviewed for death. During a change in condition and prior to starting Cardio-Pulmonary Resuscitation (CPR), a resident's physician was notified and informed of the resident's code status as Do Not Resuscitate (DNR) before staff realized the resident's full code status. (Resident D) Finding includes: The record review was started on, 1/28/25 at 11:40 A.M., indicated Resident D's diagnoses included but were not limited to, aortic valve disorder, pulmonary disease, type II diabetes, and heart failure. A signed "Indiana Physician Orders for Scope of Treatment (Post)" form, dated 4/16/24 indicated Resident D had chosen to receive resuscitation / CPR if the resident has no pulse and is not breathing. A physician's order included, "Full Code" (started 4/17/24). Resident D's nurse's progress notes included, but were not limited to: 1/27/25 at 5:39 P.M. - Change of Condition - Resident was unresponsive and blue/gray in color with six respirations per minute. No blood pressure or oxygen saturation level could be monitored. Physician was notified and gave order to monitor resident due to the resident's DNR status. 1/27/25 at 6:27 P.M. - Change of Condition - Resident's code status was noted to be full code after assessing the resident. Resident was having six respirations per minute with a blood glucose level of 106. No pulse or blood pressure could be		deficient practice? The resident's code status was verified by the POST form and doctor's order. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? The facility recognizes that all residents have the potential to be affected be the alleged deficient practice. A chart audit was completed on each resident and compared the advance directive to the physician order for accuracy. Any concerns have been corrected. What measures/systemic changes were put into place to ensure the deficient practice does not recur? The DNS/Designee re-educated licensed nurses on the facility's policy and procedure and location of the code status for each resident. Audits will be conducted two times weekly for six months. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The audits will be reviewed in the Quality Assurance Performance Improvement meeting monthly for six months or until no further corrective action is needed.	

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	assessed. Nursing staff started an Automated External Defibrillator (AED) device. Resident had no respirations and pupils were fixed and dilated. Emergency Medical Technicians (EMT) were called and CPR was initiated when respirations stopped. EMTs took over when they arrived to the facility. Resident D expired at 6:08 P.M. 1/28/25 at 12:49 P.M. - Change of Condition - Late entry clarification for 1/27/25 at 5:39 P.M., nursing staff "inadvertently" notified physician of resident having a DNR status. Physician stated to continue to monitor. At 5:42 P.M., Resident D's code status was verified and noted to be full code. At 5:43 P.M., nursing staff entered Resident D's room and initiated emergency responses. On 1/28/25 at 12:00 P.M., Licensed Practical Nurse (LPN) 6 indicated after observing Resident D in her room on 1/27/25 at 5:39 P.M., the physician was notified and informed of the resident's code status of DNR. LPN 6 then called Resident D's family and realized that Resident D's record indicated a code status of full code. LPN 6 indicated that the incorrect code status was listed on a printed document of all residents' code status kept at the nurse's station. LPN 6 indicated that the printed document incorrectly listed Resident D as having a code status of DNR. The printed document had been removed from the nurse's station and disposed of on 12/27/25. On 1/28/25 at 1:05 P.M., the Director of Nursing (DON) indicated that staff should verify residents' code status by referencing the resident's medical record. On 1/28/25 at 3:15 P.M., the DON provided an undated facility policy titled, "Communication of Code Status." The policy indicated, "It is the			

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	policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information... 4. The designated sections of the medical record are: an order / post form. 5. Additional means of communication of code status include: post form binder..." 3.1-4(f)(7)			