

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/28/2024</b>
NAME OF PROVIDER OR SUPPLIER <b>BRICKYARD HEALTHCARE - KNOX CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>300 E CULVER RD KNOX, IN 46534</b>		
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 24, 25, 26, 27, and 28, 2024.</p> <p>Facility number: 000088 Provider number: 155686 AIM number: 100289260</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 4 Medicaid: 35 Other: 13 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 1, 2024</p>	F 0000	<p>="" p=""&gt; Preparation, submission and implementation of this plan of correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>Please consider allow the submission of the living centers audits education as evidence of compliance with the state and federal requirements identified in the survey.</p> <p>A desk review is requested.</p> <p>Respectfully, Jerrell Harville HFA</p>	
F 0641 SS=A Bldg. 00	<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 record review and interview, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately completed related to antiplatelet medication use for 1 of 16 MDS assessments reviewed. (Resident 21)</p> <p>Finding includes:</p>	F 0641	No response is required. Identified MDS has been corrected and resubmitted.	07/28/2024

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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F 0656 SS=D Bldg. 00	<p>The record for Resident 21 was reviewed on 6/25/24 at 11:55 a.m. Diagnoses included, but were not limited to, hypertension, general anxiety disorder, and Parkinson's disease.</p> <p>The Quarterly MDS assessment, dated 4/9/24, indicated the resident had not received any antiplatelet medications in the past seven days.</p> <p>A Physician's Order, dated 1/9/24, indicated to give clopidogrel bisulfate (Plavix, an antiplatelet medication) 75 mg (milligrams) daily.</p> <p>The Medication Administration Record (MAR), dated 4/2024, indicated the resident had received the antiplatelet medication daily.</p> <p>During an interview on 6/26/24 at 9:38 a.m., the Director of Nursing (DON) indicated the MDS was incorrect, and it would be modified.</p> <p>3.1-31(i)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and</p>			

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	<p>psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed and in place for pain for 1 of 16 resident care plans reviewed. (Residents 21 and 20)</p> <p>Findings include:</p>	F 0656	<p>1. Residents 20 and 21 were identified as impacted by this deficiency. Care plans were corrected to reflect current resident needs and abilities.</p> <p>2. All residents are potentially</p>	07/28/2024

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	<p>1. The record for Resident 21 was reviewed on 6/25/24 at 11:55 a.m. Diagnoses included, but were not limited to, hypertension, Parkinson's disease, and unspecified pain.</p> <p>The Quarterly MDS assessment, dated 4/9/24, indicated the resident was cognitively impaired, received opioid medication, and scheduled pain medication.</p> <p>The Physician Order Summary, dated 6/2024, indicated the resident was to receive tramadol (an opioid pain medication) 50 mg (milligrams) twice a day.</p> <p>The Medication Administration Record (MAR), dated 6/2024, indicated the resident had received the tramadol medication twice a day.</p> <p>During an interview on 6/26/24 at 9:38 a.m., the Director of Nursing (DON) indicated the care plan should have been in place. They had recently completed a mock survey and identified some issues with care plans.</p> <p>During an interview on 6/28/24 at 11:03 a.m., the Vice President of Regulatory Compliance (VPRC) indicated they had completed a mock survey a couple weeks ago and identified issues with care plans. They had completed an inservice and started audits. She provided the care plan audits, but the audits were for care plans related to anticoagulant medication and skin issues. 2. Resident 20's record was reviewed on 6/25/24 at 1:59 p.m. Diagnoses included, but were not limited to, dementia and renal cancer.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 4/18/24, indicated the resident</p>		<p>affected by this deficiency. Care plan review on all current residents has been initiated. Care plans reviewed to ensure all interventions are in place to maximize resident ability and minimize any risk of harm.</p> <p>3. Interdisciplinary team members were in-serviced on care plan development and implementation. Care plans will be developed upon admission and as needed, thereafter at minimum quarterly with quarterly MDS assessment. DNS/Designee will monitor to ensure care plans are in place. Audits will be completed 5x week for 4 weeks, then 3x weekly for 4 weeks, then 2x weekly for 4 months.</p> <p>4. Results of monitoring will be tracked through QAPI monthly x 6 months to ensure compliance. Upon any noted concerns or identified trends, monitoring/audits will be completed based on QAPI recommendations.</p> <p>5. Date of Compliance will be 7/28/24.</p>	

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	<p>was severely cognitively impaired for daily decision making. She required assistance with activities of daily living including, oral hygiene, toileting hygiene, showering, and personal hygiene. While a resident, she received insulin injections, antidepressants, opioids, and hypoglycemic medications.</p> <p>The June 2024 Physician Order Summary indicated the resident received a scheduled Norco (opioid pain medication) 5-325 milligrams (mg) twice daily and Norco 5-325 mg every 12 hours as needed.</p> <p>There was no care plan related to pain or opioid medication use.</p> <p>During an interview on 6/26/24 at 10:33 a.m., the DON indicated the care plan should have been in place.</p> <p>During an interview on 6/28/24 at 9:02 a.m., the VPRC indicated they had identified a problem with their care plans and had begun auditing to correct the issue.</p> <p>A facility policy, titled "Comprehensive Care Plans," received as current, indicated, "...2. The comprehensive care plan will be developed within 7 days after completion of the comprehensive MDS assessment. All Care Assessment Areas triggered by the MDS will be considered in developing the plan of care...The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record. 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being..."</p>			

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F 0657 SS=D Bldg. 00	<p>3.1-35(a)</p> <p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Based on observation, record review and interview, the facility failed to ensure care plans were implemented and/ or updated with changes for 3 of 16 resident care plans reviewed. (Residents 44, 21, and 32)  Findings include:</p>	F 0657	<p>1. Residents 44, 21 and 32 were identified as impacted by this deficiency. Care plans were corrected to reflect current resident needs and abilities. ="" p=""&gt;&gt; 2. All residents with care plans are</p>	07/28/2024

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	<p>1. On 6/25/24 at 9:47 a.m., Resident 44 was observed in her bed. She had a tubi grip (type of compression stocking) on her left leg and she had a wound vac attached to her right leg.</p> <p>The resident's record was reviewed on 6/26/24 at 11:45 a.m. The resident was admitted to the facility on 5/10/24. Diagnoses included, but were not limited to, unspecified wound to right and left lower leg, cellulitis and Diabetes Mellitus.</p> <p>The Admission Minimum Data Set assessment, dated 5/16/24, indicated the resident was cognitively intact and received care for a surgical wound.</p> <p>A General Note, dated 6/10/24, indicated the resident had returned from the wound clinic with new orders for a wound vac to right lower leg at 125 mm/hg (millimeters of mercury).</p> <p>A Physician's Order, dated 6/10/24, indicated to ensure wound vac properly functioning at 125 mm/hg every shift.</p> <p>A Physician's Order, dated 6/19/24, indicated to change the wound vac three times a week. Cleanse the wound on right lower leg with wound cleanser, rinse wound with normal saline and pat dry. Apply barrier film to skin surrounding wound, apply black foam to base of wound and adhere with wound vac adhesive.</p> <p>A Skin Care Plan initiated, 5/21/24, indicated the resident had a surgical wound to the right shin. Interventions included, but were not limited to, weekly skin assessment by licensed nurse, encourage good nutrition, monitor for signs of infection and keep incision site clean and dry.</p>			<p>potentially affected by this deficiency. Care plan review on all current residents has been initiated. Care plans reviewed to ensure all interventions are in place to maximize resident abilities and minimize risk of harm.</p> <p>3. Interdisciplinary Team members were in-serviced on care plan updating. Care plans will be reviewed and updated as needed, at minimum quarterly with quarterly MDS assessment. DNS/designee will monitor to ensure care plans are in place. Audits will be completed 5x weekly for 4 weeks, then 3x weekly for 4 weeks, then 2x weekly for 4 months.</p> <p>4. Results of monitoring will be tracked through QAPI monthly for 6 months to ensure compliance. Upon any noted concerns or identified trends, monitoring/audits will be completed based on QAPI recommendations.</p> <p>5. Date of compliance will be 7/28/24</p>

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	<p>There was no intervention related to use of a wound vac.</p> <p>During an interview on 6/27/24 at 10:00 a.m., the Director of Nursing indicated the care plan had not been updated. 2. The record for Resident 21 was reviewed on 6/25/24 at 11:55 a.m. Diagnoses included, but were not limited to, hypertension, Parkinson's disease, and bipolar disorder with psychotic features.</p> <p>The Quarterly MDS assessment, dated 4/9/24, indicated the resident was cognitively impaired and received antipsychotic medication.</p> <p>A care plan, updated 3/1/24, indicated the resident was at risk for drug related complications associated with the use of the antipsychotic medication Nuplazid.</p> <p>The Physician Order Summary, dated 6/2024, indicated the resident was to receive Seroquel (an antipsychotic medication) 25 mg (milligrams) twice a day. There were no current orders for the Nuplazid medication, it was discontinued on 2/12/24.</p> <p>The Medication Administration Record (MAR), dated 6/2024, indicated the resident had received the Seroquel medication twice a day.</p> <p>During an interview on 6/26/24 at 9:38 a.m., the Director of Nursing (DON) indicated the care plan should have been updated. They had recently completed a mock survey and identified some issues with care plans.</p> <p>During an interview on 6/28/24 at 11:03 a.m., the Vice President of Regulatory Compliance (VPRC) indicated they had completed a mock survey a</p>			

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	<p>couple weeks ago and identified issues with care plans. They had completed an inservice and started audits. She provided the care plan audits, but the audits were for care plans related to anticoagulant medication and skin issues. 3. Resident 32's record was reviewed on 6/26/24 at 10:15 a.m. Diagnoses included, but were not limited to, dementia and insomnia.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 6/15/24, indicated the resident was moderately impaired for daily decision making. While a resident, she received antianxiety, antidepressant, diuretic, and opioid medications.</p> <p>A Care Plan, dated 10/8/21, indicated the resident was at risk for sleep pattern disturbance and had an order for melatonin. Interventions included, but were not limited to, administer the sleep medications as ordered by the Physician, and observe, document, and report adverse side effects.</p> <p>The April Medication Regimen Review (MRR), dated 4/18/24, indicated a recommendation to discontinue melatonin tablet 5 milligrams (mg), 1 tablet at bedtime.</p> <p>The April 2024 Physician Order Summary indicated the melatonin 5 mg tablet at bedtime was discontinued on 4/26/24.</p> <p>During an interview on 6/26/24 3:01 p.m., the Director of Nursing indicated the care plan should have been updated with the medication change.</p> <p>During an interview on 6/28/24 at 9:02 a.m., the VPRC indicated they had identified a problem with their care plans and had begun auditing to correct the issues.</p>			

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F 0679 SS=D Bldg. 00	<p>A facility policy, titled "Comprehensive Care Plans," received as current, indicated, "...5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment..."</p> <p>3.1-35(b)(1)</p> <p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, record review, and interview, the facility failed to ensure activities were implemented for a cognitively impaired dependent resident for 1 of 1 residents reviewed for activities. (Resident 4)</p> <p>Finding includes:</p> <p>On 6/24/24 at 10:06 a.m., Resident 4 was lying in bed with her eyes closed. The room was dark, the television was off, and there was no music playing. There was a CD player/radio observed on her dresser, a doll and multiple stuffed animals on her shelf.</p> <p>On 6/24/24 at 1:50 p.m., Resident 4 was lying in bed. The room was dark, the television was off,</p>		F 0679	<p>We feel that we met the regulatory requirements for this citation.</p> <p>1. Resident 4 was identified as being affected by this alleged deficiency. Care plans/activity plan for this resident was reviewed/updated by the interdisciplinary team including our activity director to ensure residents psychosocial needs were met.</p> <p>2. All residents who are cognitively impaired are potentially affected by this alleged deficiency. Activity care plan review for those</p>

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	<p>and there was no music playing.</p> <p>On 6/25/24 at 1:56 p.m., Resident 4 was lying in bed. Her eyes were open, and she was yelling out. The room was dark, the television was off, and there was no music playing in her room. At this time, there was a singer performing in the main dining room.</p> <p>On 6/26/24 at 11:07 a.m., Resident 4 was lying in bed. Her eyes were open, she was talking, and looking around the room. The room was dark, the television was off, and there was no music playing in her room.</p> <p>On 6/26/24 at 2:02 p.m., Resident 4 was lying in bed. Her eyes were open, and she was looking at the ceiling. The room was dark, the television was off, and there was no music playing in her room.</p> <p>The record for Resident 4 was reviewed on 6/26/24 at 9:24 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, delusional disorder, circadian rhythm sleep disorder, and anxiety disorder.</p> <p>The Quarterly MDS assessment, dated 6/1/24, indicated the resident was cognitively impaired and required assistance with activities of daily living.</p> <p>The Significant Change MDS assessment, dated 9/11/23, indicated the resident was cognitively impaired and required assistance with activities of daily living. It was important for her to listen to music, be around animals/pets, participate in her favorite activities and in religious activities.</p> <p>A current care plan indicated the resident required one to one activity programming. Interventions</p>		<p>residents have been initiated to ensure interventions/activities are in place to meet residents' psychosocial needs.</p> <p>3. Activity staff and direct care staff were in-serviced on activity plans for cognitively impaired residents. Care plans will be reviewed and updated as needed, minimally with quarterly MDS assessment. Audits will be completed 5x weekly for 4 weeks, then 3x weekly for 4 weeks, then 2x weekly for 4 months.</p> <p>4. Results of monitoring will be tracked through QAPI monthly for 6 months to ensure continued compliance. Upon any noted concerns or identified trends, monitoring/audits will be completed based on QAPI recommendations.</p> <p>5. Date of Compliance will be 7/28/24.</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/28/2024</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRICKYARD HEALTHCARE - KNOX CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>300 E CULVER RD KNOX, IN 46534</b>		
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	<p>included, offer 1:1 visits three or more per week as tolerated, offer activities and supplies for things she can do in her room such as Christian music, CD player, and Bible. Provide tactile stimulation such as hand massages and lotion, reading mail or reading the Bible.</p> <p>A current care plan indicated the resident found strength and comfort in her religious beliefs. Interventions included, offer her gospel and Christian music, have her music playing for her daily, offer reading material such as the Bible, and read the Bible to her occasionally during her 1:1 visits.</p> <p>The quarterly Activity Participation Review, dated 6/11/24, indicated the resident received 1:1 activities 3-4 days a week. The resident's favorite activities were marked as entertainment-television, music, movies, visiting groups. It was noted that she liked to listen to music and to her television and preferred a quiet environment.</p> <p>The quarterly Activity Participation Review, dated 3/11/24, indicated the resident received 1:1 activities 3-4 days a week. The resident's favorite activities were marked as entertainment-television, music, movies, visiting groups. It was noted that staff played music for her and had TV on for her. She liked to have lotion put on her arms, hands, and legs.</p> <p>The Activity Task documentation, dated 5/29/24 through 6/25/24, indicated 1:1 activities were completed 3 times per week and included conversation/reminiscing, sensory, music/singing, and TV. There were no other activities documented other than the 1:1 activities.</p> <p>During an interview on 6/26/24 at 2:26 p.m., the</p>				

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	<p>Director of Nursing (DON) indicated the resident went through cycles where she would be awake for three days and then sleep for three days. On the days when she was sleeping, they would respect her quiet time and let her be. When she was awake, they would put on music for her. This had not been documented in the care plan.</p> <p>During an interview on 6/28/24 at 9:17 a.m., the Activity Director indicated they completed 1:1 activities with the resident three times a week. They would make sure she had her music playing. If she was in a quiet time and content, then they would leave her alone and at times she would not want to be bothered. She had not documented the quiet time or any refusal in activity participation.</p> <p>3.1-33(a)</p>			