| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155264 | A. BUILDING 00<br>B. WING | 04/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| F 0000<br><br>Bldg. 00 | This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00405133.<br><br>Complaint IN00405133 - Federal/state deficiencies related to the allegations are cited at F580, F677, F684, F686, F773<br><br>Survey dates: March 29, 30, 31, and April 3, 4, and 5, 2023<br><br>Facility number: 000165<br>Provider number: 155264<br>AIM number: 100288220<br><br>Census Bed Type:<br>SNF/NF: 85<br>Total: 85<br><br>Census Payor Type:<br>Medicare: 4<br>Medicaid: 56<br>Other: 25<br>Total: 85<br><br>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review complete on April 12, 2023 | F 0000 | Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed to continuously improve the quality of care we provide and comply with all applicable federal and state requirements. | |
| F 0580<br>SS=D<br>Bldg. 00 | 483.10(g)(14)(i)-(iv)(15)<br>Notify of Changes (Injury/Decline/Room, etc.)<br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or | | | |

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

Lynn Adams | Executive Director | 04/28/2023

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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| | her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its | | | |

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| | admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br>Based on interview and record review, the facility failed to ensure timely notification of the physician and/or resident representative for cognitively impaired residents of a skin-related issues of a pressure area, bruise and redness and of a significant weight loss for 2 of 3 residents reviewed for notification of a change in condition. (Residents B and N)<br><br>Findings include:<br><br>1. The clinical record for Resident N was reviewed on 4-4-23 at 10:45 a.m. His diagnoses included, but were not limited to, chronic ischemic heart disease, hypertension and occlusion, history of falls, epilepsy and stenosis of unspecified carotid artery. His most recent Minimum Data Set (MDS) assessment, dated 1-12-23, indicated he was moderately cognitively impaired, was at risk for skin pressure ulcers, but had no pressure ulcers or other skin issues.<br><br>A review of Resident N's progress notes, dated 4-2-23 at 10:29 a.m., an unidentified staff CNA had reported to the licensed nurse "redness to resident sacral area, resident had several loose stools, barrier cream applied after incontinence care. Bruising to left arm was also reported, areas on left arm are old discolored areas."<br><br>In an interview with LPN 7 on 4-4-23 at 2:15 p.m., she indicated she was unable to locate any documentation of notification to the physician or responsible party for Resident N's bruising | F 0580 | ol="" role="list" start="1"<br>Resident B no longer resides in the facility. Resident N's family and physician have been made aware of his current skin and overall condition and notification of such has been documented in the resident's medical record.<br>ol="" role="list" start="1"<br><br>ol="" role="list" start="1"<br><br>ol="" role="list" start="2"<br>Any resident who currently resides in the facility who has a skin issue or significant weight change has the potential to be affected by this alleged deficient practice. A review of all current residents has been conducted to ensure that any significant weight changes or skin issues have been communicated to the family and physician. (Attachment 1)<br>ol="" role="list" start="2"<br><br>The policy for Notification of Changes has been reviewed and no changes were made. (Attachment 2a and 2b) All nurses were educated on the policy and facility's responsibility to notify the family and physician of any changes in condition. (Attachment | 05/02/2023 |

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| | identified on 3-8-23 or the 4-2-23 identification of redness to Resident N's sacral area redness.2. The clinical record for Resident B was reviewed on 4/3/2023 at 10:10 a.m. The medical diagnoses included white matter disease and covid-19.<br><br>A Minimum Data Set Assessment, dated 7/25/2022, indicated that Resident B was severely cognitively impaired, needed assistance with eating, and did not have a weight change.<br><br>The faces sheet for Resident B indicated Family Member 8 as the emergency contact and power of attorney.<br><br>A nursing assessment, dated 7/24/2022, indicated that Resident B had a pressure area to his coccyx.<br><br>A physician order, dated 7/24/2023, indicated for Resident B to have a treatment completed to the coccyx.<br>An interview with Family Member 8 on 4/3/2023 at 2:15 p.m. indicated she was never notified about the wound to his bottom. She had only found out about the wound to his coccyx when she went to visit and observed Resident B receiving incontinence care.<br><br>Weights for Resident B were recorded as:<br><br>6/7/2022 - 258.8 lbs. (admission)<br>6/15/2022 - 306.6 lbs. (+18% from admission)<br>6/18/2022 - 307.0 lbs. (+19% from admission)<br>7/19/2022 - 223.4 lbs. (-13% from admission)<br>7/25/2022 - 230.6 lbs. (-11% from admission)<br>7/26/2022 - 230.5 lbs. (-11% from admission)<br>8/2/2022 - 230.0 lbs. (-11% from admission)<br><br>A weight progress note, dated 7/7/2022, indicated that Resident B had some weight change and | | 3)<br>ol="" role="list" start="2"<br><br>The DNS or her designee will review all residents daily to ensure that the physicians and family have been properly notified and documentation is present in the medical record for any resident who incurs significant weight changes and or changes in skin condition. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 4)<br>ol="" role="list" start="2"<br><br>The results of the audit will be presented to the committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |

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| | there was a question about accuracy of the scale.<br><br>No weight notes for 7/14/2023.<br><br>A weight progress note, dated 7/21/2022, indicated some weight loss was desirable but amount of weight loss was not anticipated.<br><br>No physician notification was documented on the medical record regarding Resident B's weight changes.<br><br>An interview with DON on 4/4/2023 at 3:45 p.m. indicated she could not locate on the medical record where Resident B's family as notified of the coccyx wound prior to 7/27/2023 nor where Resident B's physician was notified of the weight variations.<br><br>A policy entitled, "Notification of Changes", was provided by the DON on 4/4/2023 at 10:34 a.m. The policy indicated, " ...The facility must inform the resident, consult with the resident's physician and /or notice the resident's family member or legal representative when there is a change requiring such notification ...Circumstances requiring notification include ...Circumstances that require a need to alter treatment ...New Treatment ..."<br><br>This Federal tag relates to Complaint IN00405133.<br><br>3.1-5(a)(2)<br>3.1-5(a)(3) | | | |
| F 0602<br>SS=D<br>Bldg. 00 | 483.12<br>Free from Misappropriation/Exploitation<br>§483.12<br>The resident has the right to be free from abuse, neglect, misappropriation of resident | | | |

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| | property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.<br><br>Based on interview and record record review, the facility failed to complete an investigation and report an allegation of misappropriation of property for 1 of 5 residents reviewed for missing personal property. (Resident 78)<br><br>Findings include:<br><br>During an interview, on 3/29/23 at 1:50 p.m., Resident 78 indicated she had a cell phone stolen in December and the facility hasn't done anything to find it. She said she reported it to a nurse but couldn't remember her name. Resident 78 indicated she had left the cell phone in her room when she went to therapy, and it was gone when she returned. She talked to several people and was told RN 8 would investigate. RN 8 had asked her if she had a 'find my phone app' and she did not. Resident 78 told her she didn't have service on it that day. Resident 78 said she bought a new phone and nothing else was done. No one has ever gotten back with her or said they were looking for the phone. Resident 78 indicated she was still paying on the phone.<br><br>Resident 78's record was reviewed, on 3/31/23 at 1:33 p.m., and indicated diagnoses that included, but were not limited to, a nervous system disorder, depression, weakness, pain, and behavioral and emotional disorders.<br><br>A quarterly Minimum Data Set assessment, dated | F 0602 | ol class="NumberListStyle1 SCXW208916494 BCX8" role="list" start="1" style="font-family: "Segoe UI", "Segoe UI Web", Arial, Verdana, sans-serif; font-size: 12px; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Resident 78 has been interviewed. One should note the resident at no time stated to the facility staff the phone was “stolen,” the term she used was missing. The resident has purchased a new phone. The facility has reimbursed the resident for the purchase cost of the replacement phone. The resident has voiced satisfaction with the resolution.<br><br>Any resident who currently resides in the facility has the potential to be affected by this alleged deficient practice. A review of all current grievances has been conducted to ensure that all items that have been indicated as missing have been documented and any item that is thought to be stolen has been reported to as | 05/02/2023 |

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| | 3/6/23, indicated Resident 78 was cognitively intact.<br><br>A cell phone was listed on Resident 78's Inventory Sheet, dated 11/12/22.<br><br>On 4/03/23 at 3:16 p.m., Resident 78 indicated she didn't talk to the Administrator or the Social Service Director (SSD); she told her nurse.<br><br>On 4/04/23 at 10:39 a.m., the Administrator indicated she had not found any information about the cell phone yet and is still looking.<br><br>On 4/05/23 at 10:15 a.m., the SSD said when the phone went missing she wasn't informed right away, but she knew about it, and they don't know what happened to the phone.<br><br>On 4/05/23 at 12:40 p.m., the Administrator provided a copy of the Grievance Form related to the missing cell phone and indicated this was what they had. An attachment with the form indicated "Resident [78] stated her phone came up missing on December 1st from her room. [Resident 78] stated she was sitting in her room, in her wheelchair, with the roller table in front of her with her phone and tablet both on the table. She said an Aide walked into her room and stated that the aide was taking [Resident 78] to therapy and pushed her in her wheelchair to the therapy area. [Resident 78] said when they got to the therapy room, [Name of Therapist] was standing at the door ad told aid and [Resident 78] it was almost lunchtime and to take [Resident 78] back to her room and then therapy would come back down after lunch and get her. [Resident 78] said this was around 12:00 noon when she and aide returned to her room. [Resident 78] said her tablet was still on the table, but her phone was not. When therapy | | such. (Attachment 5)<br><br>·The policy for misappropriation has been reviewed and no changes were made. (Attachment 7a, 7b and 7c)<br><br>The ED or her designee will review all grievances to ensure that allegations of misappropriation of items are timely investigated and reported per ISDH guidance. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 8)<br><br>ol class="NumberListStyle1 SCXW208916494 BCX8" role="list" start="5" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised | |

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| | came to the room [Resident 78] told [Name of speech therapist], the phone was missing. [Resident 78] said her understanding was that [Name of speech therapist] reported the missing phone to RN 8, the nurse and was told RN 8 would handle it. She said nothing was done because she gave RN 8 and the aides her stepmother's phone number three or more times to talk with her and her stepmother never heard from anyone. [Resident 78] said two weeks later the phone case and the stylist came up missing."<br><br>On 4/05/23 at 2:29 p.m., the Administrator indicated the information about the phone replacement was printed and given to the SSD yesterday (4/4/23) and they will run it through their corporate to be replaced and it was not reported to the State Department of Health.<br><br>A policy for "Investigation and Reporting Alleged Violations of Federal and State Laws Involving Mistreatment, Neglect, Abuse, Injuries of Unknown Source and Misappropriation of Resident's Property" was provided by the Administrator on 3/29/23 at 10:45 a.m. The policy included, but was not limited to: "...The Company shall take the following steps to prevent, detect and report abuse, neglect, injuries of unknown origin and the misappropriation of resident property ("alleged violations")...Misappropriation of Resident Property: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. This applies to spouses, family members, friends and staff...."<br><br>3.1-28(c)<br>3.1-28(d) | | accordingly. | |

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| | 3.1-28(e) | | | |
| F 0623 SS=D Bldg. 00 | 483.15(c)(3)-(6)(8)<br>Notice Requirements Before Transfer/Discharge<br>§483.15(c)(3) Notice before transfer.<br>Before a facility transfers or discharges a resident, the facility must-<br>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.<br>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and<br>(iii) Include in the notice the items described in paragraph (c)(5) of this section.<br><br>§483.15(c)(4) Timing of the notice.<br>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.<br>(ii) Notice must be made as soon as practicable before transfer or discharge when-<br>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;<br>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;<br>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this | | | |

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| | section;<br>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or<br>(E) A resident has not resided in the facility for 30 days.<br><br>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:<br>(i) The reason for transfer or discharge;<br>(ii) The effective date of transfer or discharge;<br>(iii) The location to which the resident is transferred or discharged;<br>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;<br>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;<br>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and<br>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a | | | |

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| | mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.<br><br>§483.15(c)(6) Changes to the notice.<br>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.<br><br>§483.15(c)(8) Notice in advance of facility closure<br>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). | | | |
| | Based on interview and record review, the facility failed to ensure the appropriate transfer and discharge paperwork provided to a resident upon transfer to an area hospital was included in the resident's clinical record for 1 of 2 residents reviewed for hospitalization. (Resident 11)<br><br>Findings include:<br><br>The clinical record for Resident 11 was reviewed on 4-5-23 at 10:40 a.m. It indicated her diagnoses included, but were not limited to, chronic obstructive pulmonary disease and diabetic polyneuropathy.<br><br>A progress note of a telehealth visit by a nurse practitioner (NP), dated 2-7-23, indicated Resident | F 0623 | ol class="NumberListStyle1 SCXW260983361 BCX8" role="list" start="1" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Resident 11's medical record now contains a copy of the transfer discharge she was provided upon her transfer to the hospital on 2/7/2023. | 05/02/2023 |

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| | 155264 | A. BUILDING 00<br>B. WING | 04/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | 11 had a cough and shortness of breath of one week duration. She ordered for the resident to have a chest xray and to start routine breathing treatments with plans to "follow clinically." A progress note, change of condition notation, dated 1-7-23 at 9:59 p.m., indicated the chest xray results indicated a right basilar pneumonia and effusion and the results had been sent to the NP on call. The NP ordered for an oral antibiotic to be started. The resident requested to be sent to a local emergency room and the resident's request was honored. The record indicated the transfer/discharge record had been sent with emergency management staff and/or with Resident 11, including the facility's "bed hold" policy.<br><br>In an interview with the Medical Records staff on 4-5-23 at 12:10 p.m., she indicated she was unable to locate Resident 11's Transfer and Discharge paperwork. She indicated she does not recall scanning any transfer and discharge paperwork in the year she has been at the facility in this role.<br><br>In an interview on 4-5-23 at 12:34 p.m., with the Director of Nursing (DON), she indicated the paperwork for the transfer-discharge documents are kept at the nurse's station. "Not sure if we keep a copy of the paperwork." In an interview with the DON on 4-5-23 at 1:55 p.m., she indicated after Resident 11 returned from hospital stay, her daughter spoke with one of the facility nurses and the daughter asked if the facility needed a copy of the paper work she found in her mother's purse and provided the nurse a copy of the transfer-discharge paperwork. The nurse told her it was for the resident and the family and did not make a copy of the paperwork. DON indicated at that time there was not a copy of the transfer-discharge paperwork in this resident's | | All residents who have been transferred/discharged from the facility have the potential to be affected by this alleged deficient practice. A review of all transfers in the last 30 days has been conducted to ensure a copy of the transfer is present on the resident's medical record. (Attachment 9)<br><br>·The policy for Transfer/Discharge has been reviewed and no changes have been made. (Attachment 10a) and 10b) All nurses have been educated on the policy. (Attachment 3)<br><br>The DNS or her designee will review the medical record of all transfers to ensure a copy of the behold policy is present in the medical record. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 11)<br><br>ol class="NumberListStyle1 | |

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| | chart. On 4-5-23 at 2:45 p.m., the DON provided a copy of the transfer-discharge paperwork that she was able to access from Resident 11's family member.<br><br>On 4-5-23 at 2:28 p.m., the Administrator provided a copy of a policy entitled, "Bed Hold Notice Upon Transfer," with a revision date of October, 2022. This policy indicated, "At the time of transfer for hospitalization or therapeutic leave, the facility will provide the resident and/or resident representative written notice which specifies the duration of the bed-hold policy and addresses information explaining the return of the resident to the next available bed...The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident representative in the resident's file."<br><br>3.1-12(6) | | SCXW260983361 BCX8" role="list" start="5" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0641<br>SS=D<br>Bldg. 00 | 483.20(g)<br>Accuracy of Assessments<br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br><br>Based on interview and record review, the facility failed to accurately code MDS (Minimum Data Set) assessments for Resident C and Resident F for 2 of 14 residents reviewed for MDS accuracy.<br><br>Findings include:<br><br>1. The clinical record for Resident C was reviewed on 4/3/2023 at 1:05 p.m. The medical diagnoses included chronic obstructive pulmonary disease and Alzheimer's disease.<br><br>A 5-day MDS Assessment, dated 3/15/2023, | F 0641 | ol class="NumberListStyle1 SCXW266078501 BCX8" role="list" start="1" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Modifications have been completed and submitted on Resident C and Resident F MDS' to indicate their life expectancy is less than 6 months. | 05/02/2023 |

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| | indicated that Resident C had an ostomy.<br><br>A Significant Change of Condition MDS Assessment, dated 3/29/2023, indicated that Resident C was receiving hospice care but did not have a life expectancy prognosis of 6 months or less.<br><br>An interview with MDS Nurse on 4/3/2023 at 2:40 p.m. indicated that Resident C did not have an ostomy for the 3/15/2023 assessment and should have been coded for 6 months or less prognosis for the 3/29/2023 assessment.<br><br>A physician statement, dated 3/25/2023, indicated that Resident C had a 6 months or less life expectancy if disease processes ran their normal courses.<br><br>2. The clinical record for Resident F was reviewed on 4/3/2023 at 10:55 a.m. The medical diagnoses included dementia and stroke.<br><br>A Significant Change of Condition Minimum Data Set, dated 1/25/2023, indicated that Resident F was receiving hospice care but did not have a life expectancy prognosis of 6 months or less.<br><br>A physician statement, dated 1/20/2023, indicated that Resident F had a life expectancy of 6 moths or less if disease processes ran their normal courses.<br><br>An interview with MDS Nurse on 4/3/2023 at 2:40 p.m. indicated Resident F should have been coded for a 6 months of less life expectancy prognosis for the 1/25/2023 assessment.<br><br>A policy entitled, "Conducting an Accurate Resident Assessment", was provided by the DON on 4/4/2023 at 10:34 a.m. The policy indicated the | | A review of the for all residents who have a life expectancy of 6 months or less has been completed to ensure that it indicates the resident has a life expectancy of 6 months or less. (Attachment 12)<br><br>ol class="NumberListStyle1 SCXW266078501 BCX8" role="list" start="3" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>The policy on Conducting an Accurate Assessment was reviewed (Attachment 13a and 13b), and no changes were made. The RNAC has been re-educated on the policy. (Attachment 14)<br><br>The RNAC or her will review all MDS to ensure coding related to life expectancy is coded correctly. The audit will be conducted 5 | |

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| | purpose of the policy was to receive an accurate assessment. | | times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until<br><br>·compliance is maintained for 6 consecutive months. (Attachment 15)<br><br>·The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0656<br>SS=D<br>Bldg. 00 | 483.21(b)(1)(3)<br>Develop/Implement Comprehensive Care Plan<br>§483.21(b) Comprehensive Care Plans<br>§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 -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be | | | |

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| | 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).<br>(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.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(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.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br><br>Based on interview and record review, the facility failed to ensure care plans were developed for the use of medications for hypothyroidism, hypertension and anti-platelets medications for 2 of 25 residents reviewed for care plans. (Residents F and N)<br><br>Findings include: | F 0656 | ol class="NumberListStyle1 SCXW227112130 BCX8" role="list" start="1" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; | 05/02/2023 |

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| | 1. The clinical record for Resident N was reviewed on 4-4-23 at 10:45 a.m. His diagnoses included, but were not limited to, chronic ischemic heart disease, hypertension and occlusion and stenosis of unspecified carotid artery.<br><br>A review of his current medications indicated he was physician ordered for the use of Plavix Tablet, an anti-platelet medication, 75 milligrams (mg) once daily related to his diagnosis of chronic ischemic heart disease. This medication was last ordered on 12-14-22.<br><br>In an interview on 4-5-23 at 11:22 a.m., she indicated she was unable to locate a care plan for the use of Plavix. She indicated she ensured a care plan was developed today for its use. "I don't know how we missed this because we had corporate do an audit on care plans not long ago."<br>2. The clinical record for Resident F was reviewed on 4/3/2023 at 10:55 a.m. The medical diagnoses included hypertension and hypothyroidism.<br><br>A Significant Change of Condition Minimum Data Set, dated 1/25/2023, indicated that Resident F was cognitively impaired.<br><br>A physician order dated 1/25/2023 indicated for Resident F to receive medications for hypothyroidism.<br><br>A physician order dated 3/11/2023 indicated for Resident F to receive medication for hypertension.<br><br>An interview with RN on 4/3/2023 indicated that care plans were added for hypertension medications and hypothyroid medications on 3/31/2023.<br><br>A policy entitled, "Comprehensive Care Plan", | | cursor: text;"<br>The medical record for Resident N has been reviewed and updated to include a care plan for antiplatelet use. The medical record for Resident F has been reviewed and updated to include care plans for Hypertension and Hypothyroidism.<br><br>An audit of all current residents residing in the facility has been completed to ensure that all medications currently prescribed are indicated on the resident's care plan. (Attachment 16)<br><br>·The policy for Comprehensive Care Plans has been reviewed and no changes have been made. (Attachment 17a and 17b) Nurses and the IDT Team have been educated on the policy and ensuring all medications are included in the plan of care. (Attachment 18)<br><br>ol class="NumberListStyle1 SCXW227112130 BCX8" role="list" start="4" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; | |

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| | was provided by the DON on 4/4/2023 at 10:35 a.m. The policy indicated, " ...The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain to maintain the resident's highest practicable physical, mental, and psychosocial well-being ... The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment ..."<br><br>3.1-35(b)(1) | | -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>The DNS or her will review all new orders to ensure medications are planned accordingly in the resident's medical record. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 19)<br><br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0677 SS=D Bldg. 00 | 483.24(a)(2)<br>ADL Care Provided for Dependent Residents<br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br>Based on observation, interview and record review the facility failed to provide hair care and nail care for 2 of 3 residents reviewed for Activities Of Daily Living (ADL) (Resident J and Resident H).<br><br>Findings include: | F 0677 | 1.p paraid="395079074" paraeid="{b44df060-0706-47e2-aa8c-7f5e3c0cc14e}{231}" >Resident H has been provided with hair care. Resident J has had his fingernails and toenails cleaned and trimmed to his preference. | 05/02/2023 |

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| | 1.) During an observation on 3/29/23 at 1:43 p.m., Resident H was sitting in a geriatric chair in the common area with greasy, dirty and uncombed hair.<br><br>Review of the record Resident H on 3/31/23 at 10:10 a.m., indicated the resident's diagnoses included, but were not limited to, Parkinson's disease, fracture of shaft of left femur, dehydration, rhabdomyolysis, anxiety, hypertension, dementia and history of falling.<br><br>The Quarterly Minimum Data Set (MDS) assessment for Resident 53, dated 3/13/23, indicated the resident was severely impaired for daily decision making. The resident was totally dependent of two people to transfer and did not ambulate. The resident required extensive assistance of two people for personal hygiene and totally dependent of two people for bathing.<br><br>The plan of care for Resident H, dated 3/15/23, indicated the resident had physical functioning related to mobility impairment, self care impairment secondary to need for assist related to Parkinson disease and encephalopathy.<br><br>During an observation on 3/31/23 at 11:45 a.m., Resident H was sitting in the common area in geriatric chair, her hair is uncombed, greasy and dirty.<br><br>During an observation on 3/31/23 at 1:25 p.m., Resident H was sitting in the common area in a geriatric chair, her hair was uncombed, greasy and dirty.<br><br>During an observation on 4/3/23 at 10:54 a.m. Resident H was sitting in the common area in a geriatric chair, her hair was uncombed, greasy and | | All residents who are dependent on the staff for care have the potential to be affected by this alleged deficient practice. Observations of all dependent residents have been conducted to ensure proper hair and nail care has been provided. (Attachment 20)<br><br>The policy for ADL care has been reviewed and no changes have been made. (Attachment 21a and 21b) All nursing staff have been educated on the ADL policy. (Attachment 7)<br><br>The DNS or her will observe 2 randomly selected dependent residents at various times throughout the day to ensure proper nail and hair care has been provided. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 22) | |

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| | dirty.<br><br>During an interview the Director Of Nursing on 4/4/23 at 2:39 p.m., indicated the CNA's were responsible to ensure Resident H's hair was clean and combed.<br><br>2.) During an observation on 3/30/23 at 11:19 a.m., Resident J was laying in bed, the resident's fingernails were long with black substance underneath them, toenails are were long jagged and crooked.<br><br>During an observation on 3/31/23 at 11:50 a.m., Resident J was laying in bed his fingernails were long with black substance, his toenails were long on both feet.<br><br>During an observation on 3/31/23 at 1:25 p.m., Resident J was laying in bed, the resident's fingernails were long with black substance underneath them and the his toenails were long on both feet.<br><br>During an observation on 4/3/23 at 10:48 a.m., Resident J was sitting on the edge of his bed, his fingernails and toenails were long and dirty. The skin proximal to the toenails had a grayish tint.<br><br>Review of the record of Resident J on 3/31/23 at 12:00 p.m., indicated the resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, depression, acute respiratory failure with hypoxia, prostate cancer and anxiety.<br><br>The Annual Minimum Data Set (MDS) assessment for Resident J, dated 3/28/23, indicated the resident was severely cognitively impaired for daily decision making. The resident | | ·The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |

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| | required extensive assistance of two for personal hygiene and totally dependent of one person for bathing.<br><br>The of care for Resident J, dated 3/21/23, indicated the resident had physical functioning deficit and self care impairment. Then intervention included, but were not limited to nail care as needed.<br><br>During an interview with the Director Of Nursing (DON) on 4/4/23 at 2:41 p.m., indicated the nursing staff were responsible to ensure Resident J's fingernails and toenails were clean and trimmed. The resident had been refusing and the DON would look for documentation of the resident's refusal for nail care.<br><br>During an interview with the DON on 4/5/23 at 9:40 a.m., was unable to provide documentation of resident refusal of fingernail and toenail care.<br><br>The ADL policy provided by the Administrator on 4/5/23 at 9:00 a.m., indicated care and services would be provided for bathing and grooming.<br><br>The nail care policy provided by the Administrator on 4/5/23 at 9:00 a.m., indicated routine cleaning and inspection of nails would be provided during ADL care on an ongoing basis.<br><br>This Federal tag relates to Complaint IN00405133.<br><br>3.1-38(a)(3)(B)<br>3.1-38(a)(3)(E) | | | |
| F 0684<br>SS=D<br>Bldg. 00 | 483.25<br>Quality of Care<br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to | | | |

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| | 155264 | A. BUILDING 00<br>B. WING | 04/05/2023 |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br><br>Based on record review and interview, the facility failed to administer subcutaneous fluids as ordered by a provider for 1 of 4 residents reviewed for medication compliance. (Resident B)<br><br>Findings include:<br><br>The clinical record for Resident B was reviewed on 4/3/2023 at 10:10 a.m. The medical diagnoses included white matter disease and covid-19.<br><br>A Minimum Data Set Assessment, dated 7/25/2022, indicated that Resident B was severely cognitively impaired and was not dehydrated.<br><br>A comprehensive metabolic panel, dated 7/28/2022, indicated that Resident B had an elevated blood urea nitrogen (BUN) of 71 mm/dl. A normal range was listed as 7-25. An elevated BUN can indicate changes with the kidneys and hydration status.<br><br>A nurse practitioner's note for Resident B, dated 7/27/2022, contained an addendum on 8/2/2022 that stated " ...BUN 71, creatinine 1.0. Verbal order given to nurse for 500ml [milliliter] bolus of 0.9% NS SQ [normal saline subcutaneously] ..."<br><br>An interview with DON on 4/4/2022 at 2:45 p.m. indicated she could not find the order for fluids on Resident B's medical record nor where he had received fluids on the medication administration | F 0684 | p="" paraid="1414400196" paraeid="{74b1cd56-2056-492e-96c1-dfc2c873725f}{89}">Resident B no longer resides in the facility.<br><br>A review has been conducted to ensure all orders written for residents residing in the facility in the last 7 days have been administered as ordered. (Attachment 23)<br><br>The policy for Provision of Physician Ordered Services has been reviewed and no changes were made. (Attachment 24) All nurses have been educated on the policy (Attachment 3)<br><br>The DNS or her will monitor all physician orders to ensure the order is carried out as written. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 25) The results of the audit will be presented to the QAPI committee monthly for 6 | 05/02/2023 |

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| | record.<br><br>A policy entitled, "Provision of Physician Ordered Services", was provided by the Administrator on 4/5/2023 at 9:00 a.m. The policy indicated, " ...The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services ...:<br><br>This Federal tag relates to Complaint IN00405133.<br><br>3.1-37(a) | | months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0686 SS=D Bldg. 00 | 483.25(b)(1)(i)(ii)<br>Treatment/Svcs to Prevent/Heal Pressure Ulcer<br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.<br>Based on record review and interview, the facility failed to timely initiate treatment as ordered to a pressure area to the right heel and failed to follow up on a pressure area to the left heel for 1 of 3 residents reviewed for pressure areas (Resident B)<br><br>Findings include:<br><br>The clinical record for Resident B was reviewed | F 0686 | ol="" role="list" start="1"<br>Resident B no longer resides in the facility.<br><br>All residents who currently reside in the facility who have pressure ulcers have the potential to be affected by this alleged deficient | 05/02/2023 |

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| | on 4/3/2023 at 10:10 a.m. The medical diagnoses included white matter disease and covid-19.<br><br>A Minimum Data Set Assessment, dated 7/25/2022, indicated that Resident B was severely cognitively impaired, was at risk for developoing pressure areas, and had three stage two pressure areas.<br><br>A wound nurse note, dated 7/20/2023, indicated Resident B had a pressure area to the right lateral heel with a dressing of skin prep twice a day.<br><br>The medication administration record for Resident B indicated skin prep to the right lateral heel was not stated until 7/28/2023.<br><br>A nursing progress note, dated 7/21/2022, indicated Resident B had a pressure are of stage two to the left heel with measurements of 3.8 x 2.78 x 0 centimeters (cm).<br><br>A weekly skin assessment, dated 7/25/2022, indicated Resident B " ...Has black area on the left heel ..." No measurements for the left heel were included on the assessment.<br><br>A weekly skin assessment, dated 8/1/2023, indicated Resident B's " ...Left heel remains dark and purple ..." No measurements for the left heel were included on the assessment.<br><br>A policy entitled, "Skin Assessment", was provided by the DON on 4/4/2023 at 10:34 a.m. The policy indicated that the documentation of skin assessment should include the date and time of the assessment, the staff's name and position title, observations of the skin conditions, type of wound, and description of the wound (measurements, color, type of tissue in the wound | | practiceA review has been conducted of all residents who have pressure ulcers to ensure that a treatment is ordered and follow up is completed. (Attachment 26)<br><br>ol="" role="list" start="3"<br>The Pressure Injury Prevention and Management policy was reviewed, and no changes were made. (Attachment 27a, 27b, and27c) All nurses have been educated on the policy. (Attachment 3)<br><br>The DNS or her will review the medical record of newly identified pressure areas to ensure that a treatment has been ordered and follow up has been completed. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 28) The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |

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| | bed, drainage, odor and pain).<br><br>This Federal tag relates to Complaint IN00405133.<br><br>3.1-40(a)(2) | | | |
| F 0695 SS=D Bldg. 00 | 483.25(i)<br>Respiratory/Tracheostomy Care and Suctioning<br>§ 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.<br><br>Based on observation, interview, and record review, the facility failed to maintain oxygen at the physician's ordered flow rate, and failed to date the oxygen tubing. This affected 1 of 1 resident reviewed for respiratory care. (Resident 34)<br><br>Findings include:<br><br>On 3/29/23 at 12:24 p.m., Resident 34 was seated in her recliner, her oxygen concentrator was set on 1 and 1/2 liters per minute and her oxygen tubing was not dated.<br><br>On 3/31/23 at 11:21 a.m., LPN 1 checked for a date on the oxygen tubing and said it was dated 3/20/23. She asked Resident 34 if they had changed the tubing when they changed the water bottle, and the resident said "no". LPN 1 told the resident she would get get new tubing because it | F 0695 | ol class="NumberListStyle1 SCXW98080978 BCX8" role="list" start="1" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Resident 34 has been observed and her oxygen is being delivered at the rate prescribed by her physician and her oxygen tubing is dated.<br><br>All residents in the facility who receive supplementary oxygen have been observed to ensure the oxygen is being delivered at the | 05/02/2023 |

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| | should have been changed a few days ago, and she got new tubing and replaced it.<br><br>Resident 34's record was reviewed on 3/31/23 at 11:35 a.m. and indicated diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, acute and chronic respiratory failure with low blood oxygen, atrial fibrillation, hypertensive heart disease with heart failure, congestive heart failure, anxiety and depression.<br><br>A quarterly Minimum Data Set assessment, dated 2/28/23, indicated Resident 34 was cognitively intact, and received oxygen therapy.<br><br>Physician's orders related to oxygen therapy included:<br>Change oxygen tubing and storage bag, date and initial both, on night shift every Saturday, dated 3/6/23<br>Oxygen at 3 liters via nasal cannula continuous. Dated 12/13/2022<br><br>A care plan for oxygen, dated 8/9/22, included, but was not limited to, a problem for alteration in respiratory status due to chronic obstructive pulmonary disease, congestive heart failure, respiratory failure with oxygen dependence, requires head of bed to be elevated when lying flat to prevent shortness of breath. Interventions: Administer oxygen as needed per physician's orders. Observe oxygen flow rate and response.<br><br>On 4/03/23 at 11:55 a.m., Resident 34 was observed sitting in her recliner watching TV. Her oxygen flow rate was set on 1 and 1/2 liters per minute.<br><br>On 4/03/23 at 03:25 p.m., LPN 2 said Resident 34's oxygen flow rate should be 3 liters per minute. | | rate prescribed by their physician and that their oxygen tubing is dated according to facility policy. (Attachment 29)<br><br>The policy for oxygen administration has been reviewed and no changes have been made. (Attachment 30a and 30b) Nurses have been educated on the policy. (Attachment 3)<br><br>The DNS or her will review 3 residents on various shifts to ensure the oxygen rate is set at prescribed amount and that all tubing is dated. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 31)<br><br>ol class="NumberListStyle1 SCXW98080978 BCX8" role="list" start="5" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; | |

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| | LPN 2 checked the resident's flow meter and the flow rate was 1 and 1/2 lpm. LPN 2 said it was 3 lpm's this morning. LPN 2 tried to increase the flow rate to 3 liters per minute and the knob would not turn it up that high, it would go up to almost 3 liters and stopped. LPN 2 got another oxygen concentrator and replaced the one in Resident 34's room, then the flow rate was set on 3 liters per minute. Resident 34 indicated at that time that she hasn't had any shortness of breath but when she walks in her room she does and that is normal for her.<br><br>A policy for "Oxygen Concentrator" was provided by the Director of Nurses on 4/4/23 at 11:40 a.m. The policy included, but was not limited to: "The purpose of this policy is to establish responsibilities for the care and use of oxygen concentrators...2. Oxygen is administered under orders of the attending physician, except in the case of an emergency...The nurse shall verify physician's orders for the rate of flow and route of administration of oxygen (mask, nasal cannula etc.)...Nurse responsibilities: i. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated...."<br><br>3.1-47(a)(6) | | cursor: text;"<br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0758<br>SS=D<br>Bldg. 00 | 483.45(c)(3)(e)(1)-(5)<br>Free from Unnec Psychotropic Meds/PRN Use<br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant; | | | |

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| | (iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;<br><br>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br><br>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and<br><br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. | F 0758 | 1.p paraid="539028775" | 05/02/2023 |

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| | Based on interview and record review, the facility failed to have a CMS-approved (Centers for Medicare and Medicaid) indication for the use of an antipsychotic medication for 1 of 5 residents reviewed for unnecessary medication use. (Resident 55)<br><br>Findings include:<br><br>The clinical record of Resident 55 was reviewed on 3-31-23 at 10:50 a.m. His diagnoses included, but were not limited to, other specified depressive episodes, generalized anxiety, other Alzheimer's disease and dementia in other diseases classified elsewhere with behavioral disturbance. It indicated he was admitted to the facility less than 6 months ago and was admitted into the facility's secured memory care unit. His admission Minimum Data Set (MDS) assessment, dated 1-23-23, indicated he was severely cognitively impaired. It indicated he was admitted to the facility and received anti-psychotic medications 7 of 7 days each week. His admission medication orders indicated he was prescribed Zyprexa, an anti-psychotic medication, 7.5 milligrams (mg) twice daily for "behavioral disturbance."<br><br>Behavioral documentation, dated 2-22-23 and 2-27-23, indicate Resident 55 had been observed by staff wandering into other resident's room. Upon attempting re-direction by staff, Resident 55 began hitting and kicking at staff. It indicated facility staff had notified the hospice nurse of the behaviors and obtained a physician's order to increase the Zyprexa to 10 mg twice daily and a one time stat (immediate) dose of Haldol 2 mg intramuscular (IM) injection. Progress notes reflected Resident 55 calmed down within 30 minutes. | | paraeid="{8c568130-0893-494c-a732-2d861fec85c1}{195}" >Resident 55's medications have been reviewed. Resident 55's practitioner has been made aware of the lack of a CMS appropriate diagnosis and has been asked to discontinue the medication or provide an appropriate diagnosis for its use.<br><br>All residents who reside in the facility who receive antipsychotic medications have the potential to be affected by this alleged deficient practice. The medical record for residents currently residing in the facility who receive antipsychotic medications has been reviewed to ensure they have an appropriate diagnosis to support the use per CMS guidance. (Attachment 32)<br><br>The policy for Use of Psychotropic Medication has been reviewed, and no changes were made. (Attachment 33a and 33b) The nursing staff and IDT team have been educated on this policy. (Attachment 18) | |

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| | A progress note, dated 3-2-23 at 3:00 p.m., indicated a pharmacy recommendation was requested on 2-18-23 to "clarify diagnosis for Zyprexa and to consider GDR (gradual dose reduction) if no CMS approved diagnosis. [Name of physician] writes 'dementia with behavioral disturbances'."<br><br>The interpretive guidelines for this Federal tag indicates the following for the use of anti-psychotic medications for use in the elderly: "Antipsychotic medications (both first and second generation) have serious side effects and can be especially dangerous for elderly residents. When antipsychotic medications are used without an adequate rationale, or for the sole purpose of limiting or controlling expressions or indications of distress without first identifying the cause, there is little chance that they will be effective, and they commonly cause complications such as movement disorders, falls with injury, cerebrovascular adverse events (cerebrovascular accidents (CVA, commonly referred to as stroke), and transient ischemic events) and increased risk of death. The FDA Boxed Warning which accompanies second generation anti-psychotics states, "Elderly patients with dementia-related psychosis treated with atypical anti-psychotic drugs are at an increased risk of death," https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm053171.htm. The FDA issued a similar Boxed Warning for first generation antipsychotic drugs,https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm124830.htm. Diagnoses alone do not necessarily warrant the use of an antipsychotic medication. Antipsychotic medications may be indicated if:<br>- behavioral symptoms present a danger to the | | The DNS or her will review all new antipsychotic medication orders daily to ensure a CMS approved diagnosis is in place. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 34)<br><br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |

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| | resident or others;<br>- expressions or indications of distress that are significant distress to the resident;<br>- if not clinically contraindicated, multiple non-pharmacological approaches have been attempted, but did not relieve the symptoms which are presenting a danger or significant distress; and/or<br>- GDR was attempted, but clinical symptoms returned.<br><br>If antipsychotic medications are prescribed, documentation must clearly show the indication for the antipsychotic medication, the multiple attempts to implement care-planned, non-pharmacological approaches, and ongoing evaluation of the effectiveness of these interventions...For any individual who is receiving a psychotropic medication to treat a disorder other than expressions or indications of distress related to dementia (for example, schizophrenia, bipolar mania, depression with psychotic features, or another medical condition, other than dementia, which may cause psychosis), the GDR may be considered clinically contraindicated for reasons that include, but that are not limited to:<br>- The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder; or<br>- The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155264 | A. BUILDING 00<br>B. WING | 04/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | disorder."<br><br>On 4-5-23 at 2:05 p.m., the Administrator provided a copy of a policy entitled, "Use of Psychotropic Medications," with a revision date of October, 2022. This policy indicates, "Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and and documented in the clinical record, and the medication is beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication(s)...The indications for use of any psychotropic drug will be documented in the medical record..."<br><br>3.1-48(b)(1) | | | |
| F 0773 SS=D Bldg. 00 | 483.50(a)(2)(i)(ii)<br>Lab Srvcs Physician Order/Notify of Results<br>§483.50(a)(2) The facility must-<br>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.<br>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.<br><br>Based on record review and interview, the facility failed to timely report out of range lab results to the medical provider for 1 of 3 residents reviewed for laboratory services. (Resident B)<br><br>Findings include: | F 0773 | ol class="NumberListStyle1 SCXW36861858 BCX8" role="list" start="1" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; | 05/02/2023 |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | The clinical record for Resident B was reviewed on 4/3/2023 at 10:10 a.m. The medical diagnoses included white matter disease and covid-19.<br><br>A Minimum Data Set Assessment, dated 7/25/2022, indicated that Resident B was severely cognitively impaired.<br><br>A comprehensive metabolic panel, dated 7/28/2022, indicated that Resident B had an elevated blood urea nitrogen (BUN) of 71 mm/dl.<br><br>A normal range was listed as 7-25. An elevated BUN can indicate changes with the kidneys and hydration status. The laboratory report was indicated as reviewed on 8/1/2022.<br><br>A nurse practitioner's note for Resident B, dated 7/27/2022, contained an addendum on 8/2/2022 that stating intervention for elevated BUN.<br><br>An interview with the DON on 4/4/2023 at 2:45 p.m. indicated she could not find where the physician was notified of the laboratory results from 7/28/2022 prior to addendum dated for 8/2/2022.<br><br>A policy entitled, "Diagnostic Testing Services", was provided by the DON on 4/4/2023 at 10:34 a.m. The policy indicated, " ...Qualified nursing personnel will receive and review the diagnostic test reporting and communicate the results to the ordering Physician within 24 hours of receipt unless the report results fall outside of clinical reference and require immediate attention as which time the Physician will be notified upon receipt ..."<br><br>This Federal tag relates to Complaint IN00405133. | | -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Resident B no longer resides in the facility.<br><br>ol class="NumberListStyle1 SCXW36861858 BCX8" role="list" start="2" style="font-family: Calibri, Calibri_MSFontService, sans-serif; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>All residents who currently reside in the facility who have laboratory services ordered have the potential to be affected by this alleged deficient practice. The medical record of all residents who have had labs ordered in the last 7 days has been reviewed to ensure lab results were reported to the medical provider. (Attachment 35)<br><br>The policy for Diagnostic Testing Services has been reviewed, and no changes have been made. (Attachment 36) All nurses have been educated on this policy. (Attachment 3)<br><br>The DNS or her will review to | |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | 3.1-49(f)(2) | | ensure proper communication and documentation of said communication is present in the medical record of all residents who receive labs. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 37)<br><br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0790 SS=D Bldg. 00 | 483.55(a)(1)-(5)<br>Routine/Emergency Dental Srvcs in SNFs<br>§483.55 Dental services.<br>The facility must assist residents in obtaining routine and 24-hour emergency dental care.<br><br>§483.55(a) Skilled Nursing Facilities<br>A facility-<br><br>§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; | | | |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;<br><br>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;<br><br>§483.55(a)(4) Must if necessary or if requested, assist the resident;<br>(i) In making appointments; and<br>(ii) By arranging for transportation to and from the dental services location; and<br><br>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.<br><br>Based on interview, observation, and record review, the facility failed to follow up on a recommendation for a dental consultation for a Resident F for 1 of 4 residents reviewed for dental services.<br><br>Findings include:<br><br>The clinical record for Resident F was reviewed on 4/3/2023 at 10:55 a.m. The medical diagnoses included dementia and stroke. | F 0790 | ol class="NumberListStyle1 SCXW241539993 BCX8" role="list" start="1" style="font-family: "Segoe UI", "Segoe UI Web", Arial, Verdana, sans-serif; font-size: 12px; margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>Documentation of said conversation is present in the | 05/02/2023 |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | A Significant Change of Condition Minimum Data Set, dated 1/25/2023, indicated that Resident F was cognitively impaired.<br><br>A nutrition at risk progress note, dated 1/5/2023, indicated a recommendation for a dental consult.<br><br>An interview with the DON on 4/4/2023 at 2:15 p.m. indicated that the recommendation was never conveyed to the social service director or family in January, but Resident F's family declined dental services on 3/31/2023.<br><br>A policy entitled, "Dental Services", was provided by the Administrator on 4/5/2023 at 2:05 p.m. The policy indicated, " ...It is the policy of the facility to assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care ...referrals to the dietician, speech therapist, physician, or dental provider shall be mad as appropriate ..."<br><br>3.1-24(a)(1) | | resident's medical record.<br><br>All residents who currently reside in the facility who receive a recommendation for a dental consultation from the dietician and or desire have the potential to be affected by this alleged deficient practice.<br><br>·The medical record of all residents residing in the facility has been reviewed to ensure that if the dietician recommended a dental consultation, and the resident/family wish for services to be received it has or is scheduled to be obtained. (Attachment 38)<br><br>·The policy for Dental Services has been reviewed, and no changes have been made. (Attachment 39a and 39b) All nurses and IDT team have been educated on the policy. (Attachment 18)<br><br>The DNS or her will review the dietary recommendations to ensure that any dental recommendations are promptly | |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | | | followed up on. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 40)<br><br>ol class="NumberListStyle1 SCXW241539993 BCX8" role="list" start="5" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text;"<br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |
| F 0791<br>SS=D<br>Bldg. 00 | 483.55(b)(1)-(5)<br>Routine/Emergency Dental Srvcs in NFs<br>§483.55 Dental Services<br>The facility must assist residents in obtaining routine and 24-hour emergency dental care.<br><br>§483.55(b) Nursing Facilities.<br>The facility-<br><br>§483.55(b)(1) Must provide or obtain from an | | | |

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| | outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident:<br>(i) Routine dental services (to the extent covered under the State plan); and<br>(ii) Emergency dental services;<br><br>§483.55(b)(2) Must, if necessary or if requested, assist the resident-<br>(i) In making appointments; and<br>(ii) By arranging for transportation to and from the dental services locations;<br><br>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;<br><br>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and<br><br>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.<br><br>Based on observation, interview and record review the facility failed to provide routine dental services for for 2 of 5 residents reviewed for | F 0791 | 1.p paraid="935240669" paraeid="{5832ab21-43b3-448c-a0f3-bbb693c6b18f}{72}" >1) Resident 11 currently on the schedule to be | 05/02/2023 |

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| BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER | 2330 STRAIGHT LINE PIKE<br>RICHMOND, IN 47374 |

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| | dental services (Resident H and Resident 11).<br><br>Findings include:<br><br>1.) During an observation on 3/29/23 at 1:43 p.m., Resident H was sitting in the common area, the resident had visible teeth.<br><br>Review of the record Resident H on 3/31/23 at 10:10 a.m., indicated the resident's diagnoses included, but were not limited to, Parkinson's disease, fracture of shaft of left femur, dehydration, rhabdomyolysis, anxiety, hypertension, dementia and history of falling.<br><br>The plan of care for Resident H, dated 11/22/22, indicated the resident was at risk for dental problems related to some or all natural. The interventions included, but were not limited to, refer for dental services as needed.<br><br>The nutritional assessment for Resident H, dated 3/13/23, indicated the resident was at risk for malnutrition. The resident had dental problems and received a puree diet. Resident follows a Puree diet related to dentition & dysphagia diagnosis. The assessment was signed by Registered Dietician.<br><br>The physician recapitulation for Resident H, dated April 2023, indicated the resident had an order of may be seen by the dentist (original order date 12/13/22)<br><br>During an interview the Director Of Nursing on 4/4/23 at 2:39 p.m., indicated Resident H had not been seen by the dentist for routine care. The Social Service Director was responsible to ensure resident's received routine dental services. 2. The clinical record of Resident 11 was reviewed on | | seen by the dentist on their next visit. The guardian for Resident H has been contacted to get consent for her to be seen by the dentist for a routine examination.<br><br>All residents who currently reside in the facility who wish to receive dental services have the potential to be affected by this alleged deficient practice. A review of all residents currently residing in the facility has been conducted and those who have expressed desire and consent and have not been seen in the last 6 months, for dental services have been added to the schedule to be seen by the dentist during their next visit. (Attachment 38)<br><br>The policy for Dental Services has been reviewed, and no changes have been made. (Attachment 39) All nurses and IDT team have been educated on the policy. (Attachment 40)<br><br>The DNS or her will review all new admissions to ensure they are added to the schedule to be seen by dental services should they express the consent and desire to | |

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| | 4-5-23 at 10:40 a.m. Her diagnoses included, but were not limited to, chronic obstructive pulmonary disease and diabetic polyneuropathy.<br><br>In an interview with Resident 11 on 3-29-23 at 2:19 p.m., she indicated she has dentures, but the dentures are now ill-fitting. She indicated she could not recall when she last saw a facility dentist.<br><br>Review of Resident 11's most recent visits with the facility-provided contracted dental service indicated those occurred on 3-13-19 and 3-3-20.<br><br>On 4-5-23 at 2:05 p.m., the Administrator provided a copy of a policy entitled, "Dental Services," with a revision date of February, 2023. This policy indicated, "It is the policy of this facility to assist residents in obtaining routine (to the extent covered under the State plan and emergency dental care. Definitions: 'Routine dental services' means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial or full dental adjustments, smoothing of broken teeth, and limited orthodontic procedures, e.g., taking impressions for dentures and fitting dentures...Residents and/or resident representatives, during the admission process, are notified of dental services available under State plan (i.e., state-run programs), and of the potential charges that may apply in the case of routine or emergency dental care provided by outside sources. The facility will assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan..."<br><br>3.1-24(a) | | do so. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 40)<br><br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |

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| F 0839 SS=F Bldg. 00 | 483.70(f)(1)(2)<br>Staff Qualifications<br>§483.70(f) Staff qualifications.<br>§483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.<br><br>§483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.<br><br>Based on record review and interview, the facility failed to ensure a staff member working in the capacity of a licensed nurse had a current license to practice in Indiana who had the ability to care for 84 or 84 residents.<br><br>Findings include:<br><br>The employee records were reviewed on 4/4/2023 at 1:30 p.m. The nursing license for LPN 1 was indicated as "Pending Application".<br><br>An interview Professional Licensing Agency Representative on 4/5/2023 at 11:21 a.m., indicated LPN 1 does not have a compact nursing license, but had an application for Indiana licensure based on endorsement (reciprocity) that was received in January 2023. As of 4/5/23, the application for Indiana licensure is still pending and LPN 1 is not able to work independently in Indiana at this time.<br><br>An interview with the Administrator on 4/5/2023 at 12:45 p.m., indicated that LPN 1 was pending license for reciprocity and the facility was under the impression she could work as a nurse while her application was pending. The facility does not have a policy for staff licensure, but they follow the State guidelines to employ staff with the | F 0839 | ol="" role="list" start="1"<br>The staff member identified during the survey was immediately removed from the schedule and will remain off the schedule until she obtains a current license to work in Indiana. Any nurse currently employed who holds an out-of-state license can be affected by this alleged deficient practice. The facility has conducted an audit on all currently employed nurses to ensure they are licensed with the state of Indiana. (Attachment 41)<br><br>The Indiana state guidance related to qualified staff has been reviewed. Education has been provided to Human Resources, Director of Clinical Education, and the DNS. (Attachment 42)<br><br>The DNS or her will review the licensure of all newly hired nurses to ensure they have licensure that meets the requirements to | 05/02/2023 |

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| | appropriate licensure of each position.<br><br>5.1-4(h)(5) | | practice in the state of Indiana. The audit will be conducted 5 times weekly for 4 weeks, 3 times a week for 4 weeks then weekly until compliance is maintained for 6 consecutive months. (Attachment 43)<br><br>ol="" role="list" start="5"<br>The results of the audit will be presented to the QAPI committee monthly for 6 months for further review and recommendation. If issues or concerns are identified the plan will be revised accordingly. | |