STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155834	A. BUILDING 00 B. WING	01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTEI	2002 WEST 86TH STREET INDIANAPOLIS, IN 46260

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00398865 and IN00397083. Complaint IN00398865 - Substantiated. Federal/state deficiencies related to the allegations are cited at F584. Complaint IN00397083 - Substanitated. No deficiencies related to the allegations are cited. Survey date: January 10, 2023 Facility number: 013738 Provider number: 155834 AIM number: 100272170 Census Bed Type: SNF/NF: 66 Total: 66 Census Payor Type: Medicare: 5 Medicaid: 45 Other: 16 Total: 66 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on January 19, 2023.	F 0000		
F 0584 SS=E Bldg. 00	483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean,			

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

Sonia Patel | Executive Director | 02/08/2023

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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	comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. Based on observation, interview and record	F 0584	Preparation or execution of the	02/10/2023

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	review, the facility failed to ensure temperatures of resident rooms were maintained at a temperature of 71-81 degrees Fahrenheit for 7 of 71 occupied rooms reviewed for comfortable temperatures. (Rooms 210, 208, 225, 236, 237, 334 and 310) Findings include: During a walk-through of the facility, on 01/10/2023 beginning at 9:10 a.m., with the Maintenance Director in attendance the following resident rooms were found to be below 71 degrees Fahrenheit. a. Room 210 was found to have a temperature of 70 degrees Fahrenheit. b. Room 208 was found to have a temperature of 70.6 degrees Fahrenheit. c. Room 225 was found to have a temperature of 70.5 degrees Fahrenheit. d. Room 236 was found to have a temperature of 67 degrees Fahrenheit, the resident was observed up in a chair with a blanket across her lap. e. Room 237 was found to have a temperature of 70.2 degrees Fahrenheit. f. Room 334 was found to have a temperature of 70.8 degrees Fahrenheit. g. Room 310 was found to have a temperature of 70.4 degrees Fahrenheit. During an interview, on 01/10/2023 at 9:03 a.m., the Director of Nursing indicated concerns were reported about the heat, it was adjusted daily 3-4 times a day, depending on the temperature outside. During an interview, on 01/10/2023 at 9:11 a.m., Resident B indicated it was"kind of cold" in his room. The temperature of the room was 70 degrees Fahrenheit. The resident was observed in bed		plan of correction does not constitute admission or agreement or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is prepared and executed solely because it is required by the position of federal and state law. The plan of correction is submitted to respond to allegations of noncompliance cited. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. A Room Temperature assessment for residents in rooms 210, 208, 225, 236, 237, 334, and 310 has been completed. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All residents have the potential to be affected. The facility has identified 2 units that were	

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	with blankets covering him. During an interview, on 01/10/2023 at 9:15 a.m., Resident D indicated she was freezing to death and to check her room temperature. The temperature of her room was 71.1 degrees Fahrenheit. During an interview, on 01/10/2023 at 9:21 a.m., the Maintenance Director indicated the temperature needed to be kept between 71-81 degrees Fahrenheit. The resident rooms did not have individual thermostats, the thermostat was in the common hallway. During an interview, on 01/10/2023 at 9:25 a.m., Resident J indicated it was cold in his room and he had three (3) blankets on him currently. The temperature of his room was 74.1 degrees Fahrenheit. During an interview, on 01/10/2023 at 9:28 a.m., Resident K indicated the temperature of his room was good for him, he liked it cooler. The temperature of his room was 70.8 degrees Fahrenheit. During an interview, on 01/10/2023 at 12:41 p.m., Resident B indicated his room felt chilly and cold and all the staff could do was cover him with blankets. He reported the coldness of the room to the CNA and nursing staff over the weekend. At the time of the interview, Resident B was observed in bed, uncovered, wearing pajama pants and a shirt. During an interview, on 01/10/2023 at 12:47 p.m., Resident E indicated her room was too cold and she did report it to the nursing staff last Friday. The resident was observed up in a wheelchair,		repaired which benefitted multiple rooms, changed thermostats, repaired ductwork in room 237. Active heat packs were discovered and the controls adjusted to decrease any hot spots. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. Facility has placed and order to replace thermostats and add 4 dampers to direct more heat from the interior rooms to the exterior rooms. Anticipated order delivery 2-1-23. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur .i.e., what quality assurance program will be put into place. Maintenance Director/designee will monitor resident room temperatures during daily rounds and present result at the monthly QA meeting. This will be monitored for 1 month x 5 days per week, than ongoing weekly thereafter. Managers will also complete a resident room temperature concern form during their rounds if resident voice any temperature concerns or request for room change. The resident concern form will be presented at daily morning meeting for follow-up.	

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	with a blanket across her legs, a shirt with a hood pulled up on her head. She was wearing a hat under the hood. She indicated she was wearing the hat because she was cold. During an interview, on 01/10/2023 at 2:30 p.m. Resident F was observed up in the hall with a knit hat on her head and a blanket around her shoulders. She indicated, via interpretation of a family member, her room was cold all weekend. During an interview, on 01/10/2023 at 2:45 p.m., Resident H indicated his room was cold and it was cold yesterday. At the time, the resident was observed in bed wearing a hooded shirt. The hood was over his head, and he was covered in a blanket and holding the blanket close to his chin. During an interview, on 01/10/2023 at 3:44 p.m., the Executive Director indicated the temperatures were monitored daily and changed. It was a centralized system. The residents which had concerns about their room temperatures were offered to be moved to warmer rooms but only one (1) resident chose to move to a new room. There were no assessments completed related to temperature levels and the effects on residents, the facility just communicated with the residents. A facility policy, titled "Safe and Homelike Environment" dated 2022 and provided by the Director of Nursing on 01/10/2023 at 1:41 p.m., indicated "...The facility will maintain comfortable and safe temperature levels...The facility should strive to keep the temperature...between 71 and 81 degrees Fahrenheit...If and when a resident prefers his or her room temperature be kept below 71 degrees Fahrenheit, or above 81 degrees Fahrenheit, the facility will assess the safety of this practice on the resident and the resident's		5. Compliance date: 2-10-23	

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	roommate...." This Federal tag relates to Complaint IN00398865. 3.1-19(h)			