

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155278 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 09/09/2022 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00386492 and IN00387295. This visit included a COVID-19 Focus Infection Control Survey.</p> <p>Complaint IN00386492 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387295 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: September 8 and 9, 2022</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 114 Total: 114</p> <p>Census Payor Type: Medicare: 5 Medicaid: 104 Other: 5 Total: 114</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 14, 2022.</p> | | F 0000 | <p>The submission of this Plan of Correction, for survey event SV9Q11 conducted on 9/9/2022, does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Bloomington Care Center. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only. We are requesting paper compliance for this survey.</p> |
| F 0804 SS=E Bldg. 00 | <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility</p> | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interview, the facility failed to provide food that was palatable and attractive 4 of 5 residents interviewed for food. (Resident B, Resident C, Resident E, Resident F)</p> <p>Findings include:</p> <p>On 9/8/22 at 12:45 p.m., the Administrator provided a test tray. The chicken was tough, difficult to cut and bland. The macaroni and cheese was also dry and bland. The zucchini bake was bland. The ambrosia dessert was watery and bland.</p> <p>On 9/8/22 at 1:30 p.m., Resident B indicated the chicken was tough and the food was not very tasty.</p> <p>On 9/8/22 at 1:45 p.m., Resident C indicated the food had its good days and bad days. He indicated the food was bland on some days.</p> <p>On 9/9/22 at 1:10 p.m., Resident E indicated the food at the facility was horrible.</p> <p>On 9/9/22 at 1:18 p.m., Resident F was observed to be eating chicken. Resident E indicated the chicken was tough and bland.</p> <p>This Federal tag relates to Complaint IN00387295.</p> | | F 0804 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Alleged residents B, C, E, and F were not identified to the staff. However, residents were interviewed and offered substitutions if they desired after the surveyor stated the meal was not palatable or presented well.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All Residents have the potential to be affected by the alleged deficient practice. All dietary staff have been educated on palatability and plate presentation (Exhibit 1). Dietary staff have also been educated food garnishments.</p> <p>What measures will be put into place and what systemic changes will be made to</p> |

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| | 3.1-21(a)(2) | | | <p>ensure that the deficient practice does not recur:</p> <p>The audit tool titled "Meal Tray Audit" will be completed with each meal. The cook of the meal will taste their prepared food prior to the meal. That will include pureed food and Mechanical soft foods. The food committee will be held to let the residents voice any food complaints or desired changes. A test tray will be completed by the administrator or designee weekly. The dietary manager or designee will complete the audit "Food Palatability" to determine the residents' thoughts of meals that have been served.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance will be put into place; and</p> <p>The audit tool "Meal Tray Audit" (Exhibit 2) will be completed with each meal 5 times per week for 2 months, then 3 times per week for 2 months, and then 1 time per week for two months. The food committee will be held weekly for 2 months, biweekly for 2 months, and monthly for 2 months and the meeting will be documented on the "Food Committee Meeting Minutes" (Exhibit 3). The administrator or designee will</p> |

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| | | | | <p>complete a test tray once weekly for 6 months and the results will be documented on the "Test Tray Evaluation Form" (Exhibit 4). The Dietary Manger or designee will complete the audit "Food Palatability" (Exhibit 5) weekly for 2 months, bimonthly for 2 months and monthly for two months. Audited records will be reviewed by the Quality Assurance Committee until such time that consistent compliance has been achieved as determined by Quality Assurance Committee.</p> <p>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date;</p> <p>9/29/22</p> |