STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. BUILDING _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER	816 N FIRST AVE EVANSVILLE, IN 47710

(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)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00448621, IN00449010, IN00442840. Complaint IN00448621 - Federal/state deficiencies related to the allegations are cited at F602. Complaint IN00449010- No deficiencies related to the allegations are cited. Complaint IN00442840- No deficiencies related to the allegations are cited. Survey dates: December 17, 18, 2024. Facility number: 000438 Provider number: 155390 AIM number: 100274170 Census Bed Type: SNF/NF: 54 Total: 54 Census Payor Type: Medicare: 4 Medicaid: 43 Other: 7 Total: 54 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 23, 2024.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12	F 602		

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

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F 602	Continued From page 1 The resident has the right to be free from abuse, neglect, misappropriation of resident 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prevent the misappropriation of resident's narcotic medication for 1 of 3 residents reviewed for misappropriation of property. A resident's narcotic pain medication was missing. (Resident B) Finding includes: During record review on 12/17/24 at 10:39 a.m., Resident B's diagnoses included, but were not limited to, dysphagia following cerebral infarction, type 2 diabetes mellitus with hyperglycemia, aphasia following cerebral infarction. A MDS (Minimum Data Set) assessment dated 11/7/24, indicated cognition was severely impaired. Care plans were reviewed and included, but were not limited to: Pain : I am at risk for pain related to Hx (history) of Cva (cerebral infarction). Interventions included, but were not limited to: Administer pain medications as ordered, date initiated, 6/26/24. A progress note dated 12/5/24 at 4:48 p.m., indicated " Facility nurse noticed when checking to see if resident needed refill on Norco during hospice visit that medication was not in the cart	F 602	Past noncompliance: no plan of correction required.	

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F 602	Continued From page 2	F 602		

and count sheet was missing. ED, DNS, and Unit Manager. Resident was immediately assessed for pain and psychosocial distress. Not (sic) s/s noted. Hospice aware and initiated refill request. [name of pharmacy], resident's emergency contact, Medical Director, and [name], NP notified. Head to toe assessment completed. No injury or skin issues noted. Resident placed on psychosocial and pain monitoring x 72hrs(sic)."

December 2024 physicians orders included, but were not limited to:

Norco (pain medication) oral tablet 5- 325 MG (milligram) (Hydrocodone- Acetaminophen * Controlled Drug* Give 1 tablet by mouth every 6 hours as needed for pain, order date 11/20/24.

On 12/17/24 at 1:57 p.m., a state reportable with an incident date of 12/4/24, was reviewed and included, but was not limited to:

Description added- " 12/5/24 During hospice visit, hospice nurse inquired if patient needed a refill on his Norco script. When facility nurse was checking quantity of Norco, the facility nurse noticed that the card of 57 Norco and associated count sheet was missing and could not be accounted for."

Follow up added- " 12/12/2024 All follow up was completed with no further issues. [Resident B] did not display any signs of psychosocial distress while being monitored by social services. [Resident B] did not display any signs of increased pain or discomfort. Staff and resident interviews completed with no concerns of narcotics not being available or not given per MD orders. All nurses were drug tested with no

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F 602	Continued From page 3	F 602		

concerns identified from the drug tests. Full reconciliation of all narcotics in the building completed with no discrepancies. [name of police department] notified and case number # [number] was provided. Staff education completed on narcotic administration and abuse reporting and prohibition."

On 12/18/24 at 10:15 a.m., the Administrator indicated the incident with Resident's B's missing narcotics was noticed on 12/5/24, she mistakenly put the date of 12/4/24 on the State Reportable as the incident date.

On 12/17/24 at 12:15 p.m., the Administrator provided the current policy on abuse, neglect, and exploitation with copyright date of 2024. The policy included, but was not limited to: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and 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...

The deficient practice was corrected on 12/9/2024 after the facility implemented a systemic plan that included the following actions: Ad HOC QAPI meeting was held on 12/6/2024 an action plan included inservice review of policy for controlled substances with staff, staff drug testing on 12/5/24, the completion of IDT meeting for resident on 12/9/24 and the on-going monitoring of the controlled substances for all residents.

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F 602	Continued From page 4 This citation relates to Complaint IN00448621 3.1-28(a)	F 602		