

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

PRINTED: 06/06/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - FOUNTAINVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00430498 and IN00430799.</p> <p>Complaint IN00430498 - Federal/State deficiencies related to the allegations are cited at F580, F655, and F684.</p> <p>Complaint IN00430799 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 1, 3 & 4, 2024</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 8 Medicaid: 48 Other: 14 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/9/24.</p>			F 0000	<p>This response is not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. The facility respectfully requests paper compliance.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or</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 that 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 disclosable 30 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>her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(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);</p> <p>(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</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(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.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its</p>						

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	<p>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).</p> <p>Based on record review and interview, the facility failed to ensure a resident's abnormal vital signs were reported to the physician, for 1 of 3 residents reviewed for nursing services. (Resident B).</p> <p>Finding includes:</p> <p>On 4/1/24 at 1:45 P.M., Resident B's clinical record was reviewed. The resident was admitted to the facility on 2/20/24. Diagnoses included, but were not limited to, toxic encephalopathy, anemia, atrial fibrillation, heart failure, hypertension, orthostatic hypotension, and paraplegia.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 2/23/24, indicated the resident was cognitively intact, required extensive assistance with most activities of daily living, utilized an indwelling catheter, and required a wheelchair for locomotion.</p> <p>Current Physician's Orders indicated the following: Midodrine HCL 5 MG, 3 times daily for hypotension Amiodarone HCL 100 MG, 2 times daily for systolic congestive heart failure, dated 3/1/24 Ceftriaxone Sodium 1 gram injection every 24 hour for 7 days for urinary tract infection and leukocytosis (high white blood cell count), dated 3/7/24.</p> <p>Resident B's vital signs record indicated, on 3/7/24 at 12:28 A.M., the blood pressure was 117/48 and</p>			F 0580	<ul style="list-style-type: none"> what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B no longer resides at facility. 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; All residents have the potential to be affected by the alleged deficient practice. Vital signs for residents that were obtained during last 7 days have been reviewed by the DNS and/or designees to ensure physician notified of any resident with vitals out of range. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Licensed staff educated on Vital Signs policy and Notification of Changes policy. DNS/Designee will audit resident's vital signs and progress notes to identify any resident with abnormal vital signs and ensure the physician was notified. These audits to be completed 5 times weekly x 30 days, then 3 times weekly x 30 		05/03/2024

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	<p>the pulse was 82 and regular. At 9:17 A.M., the blood pressure was 76/42 and the pulse was 108 and irregular.</p> <p>On 4/4/24 at 1:10 P.M., during an interview with the Nurse Practitioner, she indicated she was in early morning on 3/7/24 to do rounds. She had ordered routine labs on 3/6/24 and noted Resident B's labs to be abnormal and suggestive of likely urinary tract infection, so she ordered repeat blood testing and also a urine test. The Nurse Practitioner indicated she started the resident on an antibiotic at that time, but was unaware of the abnormal blood pressure and elevated irregular pulse. The Nurse Practitioner indicated the abnormal vital signs should have been reported to her at that time. The resident was known to have low blood pressure and was taking Midodrine for the low blood pressure. Resident B did not normally have an irregular pulse, and the NP was not aware of the irregular pulse rate on 3/7/24.</p> <p>On 4/4/24 at 12:10 P.M., a policy titled, "Notification of Change," dated 2023, was provided by the Director of Nursing. The policy indicated, "The purpose of this policy is to ensure the facility promptly...consults with the resident's physician...when there is a change requiring notification...The facility must...consult with the resident's physician...when there is a...significant change in the resident's physical...status...Circumstances that require a need to alter treat. This may include:...Exacerbation of a chronic condition..."</p> <p>This citation relates to Complaint IN00430498.</p> <p>3.1-5(a)(2)</p>				<p>days, then 2 times weekly x 4 months.</p> <ul style="list-style-type: none">• how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; <p>Results of these audits will be reviewed by the QAPI Committee for a period of at least 6 months to determine the need for further monitoring.</p>		

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to 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.</p> <p>Based on record review and interview, the facility failed to reassess a resident after a change in condition, for 1 of 3 residents who were reviewed for nursing services. (Resident B)</p> <p>Finding includes:</p> <p>On 4/1/24 at 1:45 P.M., Resident B's clinical record was reviewed. The resident was admitted to the facility on 2/20/24. Diagnoses included, but were not limited to, toxic encephalopathy, anemia, atrial fibrillation , heart failure, hypertension, orthostatic hypotension, and paraplegia.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 2/23/24, indicated the resident was cognitively intact, required extensive assistance with most activities of daily living, utilized an indwelling catheter, and required a wheelchair for locomotion.</p> <p>Current Physician's Orders indicated the following: Midodrine HCL 5 MG, 3 times daily for hypotension Amiodarone HCL 100 MG, 2 times daily for systolic congestive heart failure Ceftriaxone Sodium 1 gram injection every 24 hour</p>			F 0684	<ul style="list-style-type: none"> what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B no longer resides at facility. 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; All residents have the potential to be affected by the alleged deficient practice. Progress notes/abnormal vital signs reviewed x past 7 days to ensure any resident with an identified change of condition was reassessed. Reassessment completed and physician notified for any resident identified to be affected by the deficient practice. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Licensed staff educated on Notification of Changes policy and 		05/03/2024

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	<p>for 7 days for urinary tract infection and leukocytosis (high white blood cell count), dated 3/7/24.</p> <p>Resident B's vital signs record indicated, on 3/7/24 at 12:28 A.M., the blood pressure was 117/48 and the pulse was 82 and regular. At 9:17 A.M., the blood pressure was 76/42 and the pulse was 108 and irregular. There were no further vital sign readings documented.</p> <p>An Emergency Room (ER) report, dated 3/7/24 at 8:16 P.M., indicated the resident was admitted to the ER for Chief Complaint of confusion and possible infection.</p> <p>On 4/3/24 at 2:00 P.M., during an interview with the Director of Nursing, she indicated she interviewed LPN 3, when she was made aware that LPN 3 did not document any follow up vital signs for Resident B on 3/7/24. LPN 3 said she did repeat the vital signs for the resident, found them to be within normal limits, but failed to complete the documentation. LPN 3 never returned to work after 3/7/24 to complete a late vital signs entry in the resident's electronic medical record. The Director of Nursing indicated Resident B's vital signs should have been monitored through the day. The facility did not have a policy to address when or if abnormal vital signs should be repeated or monitored.</p> <p>On 4/4/24 at 1:10 P.M., during an interview with the Nurse Practitioner (NP), the NP indicated she was in the facility early morning on 3/7/24 to do rounds. She had ordered routine labs on 3/6/24 and noted Resident B's labs to be abnormal and suggestive of likely urinary tract infection, so ordered repeat blood testing and also a urine test. The Nurse Practitioner indicated she started the</p>				<p>Vital Signs policy. Progress notes will be reviewed by DNS and/or nurse management team daily during morning meeting to identify any resident with a change of condition to ensure that a reassessment was completed. These audits will be completed 5 times weekly x 30 days, then 3 times weekly x 30 days, then 2 times weekly x 4 months to ensure a reassessment was completed.</p> <ul style="list-style-type: none"> • how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; <p>Results of these audits will be reviewed by the QAPI Committee for a period of at least 6 months to determine the need for further monitoring.</p> <p>Requesting an IDR for this deficiency as we feel we met the requirement of this regulation.</p>		

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	<p>resident on an antibiotic at that time, but was unaware of the abnormal blood pressure and elevated irregular pulse. The Nurse Practitioner indicated the abnormal vital signs should have been reported to her at that time. The resident was known to have low blood pressure and was taking Midodrine for the low blood pressure. Resident B did not normally have an irregular pulse, and she was not aware of the irregular pulse rate on 3/7/24. The NP indicated she would have expected the nurse to repeat and monitor the abnormal vital signs, though the resident had showed no outward signs of infection or confusion at the time of her assessment.</p> <p>Review of Lippencott Advisor, dated 2023, indicated under, "Blood pressure decrease...Nursing Considerations," in regard to geriatric patients, indicated, "... hypotension is a reading below 90/60 mm HG or a drop of 30 mm Hg from the patient's baseline...Check vital signs frequently to determine whether low blood pressure is constant or intermittent..." Regarding an irregular pulse, "...Check vital signs frequently to detect...hypotension..."</p> <p>This citation relates to Complaint IN00430498.</p> <p>3.1-37(a)</p>						