

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

PRINTED: 09/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155138		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/01/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - CHURCHMAN CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00421904, IN00421578, and IN00420460.</p> <p>Complaint IN00421904 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421578 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420460 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 27, 28, 29, 30, and December 1, 2023</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicaid: 60 Other: 5 Total: 65</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 4, 2023.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions 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 submitted in order to respond to the allegation of noncompliance cited during Annual Survey ending on 12/1/2023. 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.</p>		

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

TITLE

(X6) DATE

Neha Patel

HEALTH FACILITY ADMINISTRATOR

12/12/2023

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 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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F 0578 SS=D Bldg. 00	<p>483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>Based on interview and record review, the facility failed to ensure a Resident's Advanced Directive (code status) preference was documented accurately in the clinical record for 1 of 24 residents reviewed for Advanced Directives. (Resident 36)</p> <p>Finding includes:</p> <p>On 11/28/23 at 11:29 a.m., Resident 36's clinical record was reviewed. The Admission MDS (Minimum Data Set) assessment, dated 9/27/23, indicated Resident 36 was cognitively intact.</p> <p>The main screen tab portion of the electronic clinical record included an overview of Resident 36's vital information. A review of the tab indicated Resident 36's code status (decision regarding health care intervention) as full code (meaning a desire for all life sustaining measures to be implemented).</p> <p>The Physician Orders, dated 9/29/23 and with no end date noted, indicated Resident 36 was a full code.</p> <p>Resident 36's care plan indicated "...Focus: I have an Advance Directive as evidenced by: DNR [Do Not Attempt Resuscitation], POST [Indiana Physician Orders for Scope of Treatment] form, date initiated: 9/11/23 and current through 12/25/23. Goal: Patient's wishes will be honored. Interventions: obtain Advance Directive with physician order and resident/responsible party signature..."</p>			F 0578	<p>Resident 36 code status was updated to reflect her wishes. All residents have the potential to be affected. An audit was conducted to review all resident's orders, POST forms and care plans to be reflective of the residents wishes. Education completed with licensed nursing staff along with Health Information Manager on the policy of Residents' Rights Regarding Treatment and Advance Directives. The DNS/designee will review the signed POST form and will update the resident's chart to reflect the resident's wishes in the orders and update the care plan daily for 5 days a week. This will be an on-going process of the facility. Audits of 5 residents records to ensure the POST form, orders and care plans identify the resident's wishes for 4 weeks, then 3 residents a week for 5 months. Any negative findings will be corrected immediately. Results of audits will be reviewed at QAPI for the next 6 months to identify any trends or patterns. If any issues are identified, we will continue audits based on IDT recommendation, otherwise we will review on a PRN basis.</p>		12/28/2023

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	<p>On 10/6/23, the POST form was completed, signed, and dated by Resident 36 and the attending Physician. A review of the document indicated the designated code status preference was "Do Not Attempt Resuscitation/DNR." No other POST form was provided.</p> <p>The POST form, dated 10/6/23, was uploaded into Resident 36's electronic clinical record on 10/16/23.</p> <p>Resident 36's preferred DNR code status, as indicated by the care plan dated 9/11/23 and the POST form dated 10/6/23, was not accurately reflected in the electronic clinical record until 11/28/23.</p> <p>During an interview on 11/28/23 at 3:21 p.m., the Corporate Nursing Supervisor indicated that Resident 36's code status preference was DNR. The completed POST form, dated 10/6/23, had been uploaded into the clinical record on 10/16/23. However; the clinical record had not been updated to reflect Resident 36's DNR code status preference until 11/28/23.</p> <p>During an interview on 11/29/23 at 9:15 a.m., Resident 36 indicated "some time ago" the DNR code status paperwork was completed and provided to the facility.</p> <p>During an interview on 11/30/23 at 10:11 a.m., RN (Registered Nurse) 2 indicated the Resident's designated code status preference was listed on the main screen tab portion of the electronic clinical record. Staff retrieved the code status information for each resident from that portion of the resident's clinical record.</p> <p>On 11/28/23 at 3:44 p.m., the Director of Nursing</p>						

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	Services provided a copy of the Resident's Rights Regarding Treatment and Advance Directives policy, dated 2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "...it is the policy of this facility to support and facilitate a resident's right to request, refuse and /or discontinue medical or surgical treatment and to formulate an advance directive. Definitions: "Advance directive" is a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated...Should the resident have an advance directive, copies will be make and placed on the chart as well as communicated to the staff..." 3.1-4(f)(4)(A)(ii)						