

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2022
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE – GOLDEN RULE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00379904.</p> <p>Complaint IN00379904 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 697.</p> <p>Survey dates: May 23, 24, and 25, 2022.</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 13 Medicaid: 57 Other: 17 Total: 87</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 26, 2022</p>	F 0000	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed as a means to continuously improve the quality of care and comply with all applicable federal and state requirements.</p> <p>The facility respectfully requests a desk review of our responses to this survey.</p>	
F 0697 SS=D Bldg. 00	<p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</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>Based on observation, interview and record review the facility failed to notify the physician of a resident's new onset of lower back pain, failed to complete pain assessments, failed to implement non-pharmacological interventions for pain and failed to document a narcotic was administered for pain and its effectiveness for 1 of 3 residents reviewed for accidents (Resident D).</p> <p>Finding include:</p> <p>During an observation on 5/24/22 at 11:22 a.m., Physical Therapist Assistant (PTA) 1 and Certified Occupational Therapist Assistant (COTA) 2 assisted Resident D from the wheelchair to a dining room chair with a gait belt and a walker. Resident D had facial grimacing and wincing. The resident complained of lower back pain. COTA 2 had the resident point to the location of her pain and the resident pointed to the middle of her lower back and stated "it hurts awful bad". COTA 2 left the room after the transfer and indicated she was going to report the resident's lower back pain to the nurse.</p> <p>Review of the record of Resident D on 5/25/22 at 10:33 a.m., indicated the resident's diagnoses included, but were not limited to, hypertension, coronary arteriosclerosis, adult failure to thrive, rheumatoid arthritis, unsteadiness on feet, congestive heart failure, depression, repeated falls, polyosteoarthritis, nondisplaced fracture of left femur and fracture of the left pubic ramus fracture (5/24/22). The resident was admitted to the facility on 5/19/22.</p> <p>The pain care plan, dated 5/20/22, indicated the resident needed pain management and observation related to polyosteoarthritis, fractured left hip and rheumatoid arthritis. The interventions</p>	F 0697	<p>Resident D: Medical record has been reviewed and updated with current pain assessment, pain management to include non-pharm and medical interventions in the plan of care.</p> <p>The facility completed a review of the MDS Section J for all residents identified as being at risk for pain. Pain assessments are complete and interventions currently in place are appropriate.</p> <p>Licensed nursing staff have been in-serviced on the facility's Pain Management Guidelines to include but not limited to; notifying the physician of new onset of pain, completion of pain assessments, implementing non-pharmacological interventions and documentation of pain medication and effectiveness.</p> <p>DNS or Designee will complete audit of residents identified as being at risk for pain for proper pain management. These reviews to be conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none</p>	06/07/2022

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	<p>included, but were not limited to, evaluate characteristics and frequency/patter of pain, evaluate the need for routinely scheduled medications rather than as needed, evaluate the need to provide medications prior to therapy and evaluate what makes the resident's pain worse.</p> <p>The physician recapitulation for Resident D, dated May 2022, indicated the resident was ordered tylenol 325 milligram (mg) two tablets every four hours as needed for pain (5/19/22), hydrocodone-acetaminophen 10-325 mg every 12 hours as need for pain (5/19/22) and hydrocodone-acetaminophen 7.5-325 mg every six hours as needed for pain (5/25/22).</p> <p>The post fall evaluation, dated 5/20/22 at 7:45 p.m., indicated the resident fell in her room. The resident was ambulating without assistance and did not have proper footwear on. The resident had no injuries and no complaints of pain.</p> <p>The post fall evaluations dated, 5/21/22 at 12:06 p.m., 5/21/22 at 9:12 p.m., 5/22/22 at 12:00 a.m., 5/22/22 at 4:18 p.m., indicated the resident did not have any pain.</p> <p>The post fall evaluation, dated 5/23/22 at 6:24 p.m., indicated the resident had pain of the left hip daily rated as 6 on the 1-10 pain scale. There were no non medical interventions implemented.</p> <p>The post fall evaluation, dated 5/23/22 at 9:57 p.m., indicated the resident had pain of the left hip daily rated as 6 on the 1-10 pain scale. There were no non medical interventions implemented.</p> <p>The progress note, dated 5/24/22 at 3:14 a.m., indicated the resident received hydrocodone-acetaminophen 10-325 mg for lower</p>		noted, then will complete audits based on a prn basis.	

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	<p>abdominal pain.</p> <p>The skilled charting, dated 5/24/22 at 3:25 p.m., indicated the resident was alert and oriented to person, place and time. The resident did not have short term memory problems and did not have impaired decision making. The resident was not confused. The resident verbalized pain of a 6 on the 1-10 pain scale. The documentation did not indicate where the pain was located.</p> <p>The Medication Administration Record (MAR), dated May 2022, indicated the resident received hydrocodone-acetaminophen 10-325 mg on 5/21/22 at 5:52 p.m., for pain of an 8 and the medication was effective, 5/22/22 at 4:50 p.m., for pain of an 7 and the medication was effective, 5/23/22 at 9:27 a.m., for a pain of 6 and the medication was effective and 5/24/22 at 3:14 a.m., for pain of an 5 for lower abdominal pain and the medication was effective. There were no further documentation or pain assessment completed.</p> <p>The narcotic record for Resident D, dated 5/24/22 at 9:00 a.m., indicated a hydrocodone-acetaminophen 10-325 mg was obtained from the medication dispensing machine. There was no documentation of when the medication was provided to the resident.</p> <p>During an observation and interview with Resident D on 5/25/22 at 11:35 a.m., indicated her lower back had been hurting her since she fell at the facility on 5/20/22. The resident indicated on 5/20/22 she was waving out the window to her family in the parking when all of sudden her legs gave out and she fell. The resident indicated she had fell and broke her left hip at home and was starting to get better and then she fell on 5/20/22 and now her back was hurting "if it isn't one thing</p>			

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	<p>it's another." The resident indicated it was hard to rate her back pain because it depended on what activity she was doing for example during the transfer observed on 5/24/22 it hurt her really bad, but laying in bed it felt better. The resident indicated she knew how important it was for her to do therapy to get better, but it was difficult for because her lower back hurt so bad. The resident indicated the pain medication did help her pain, but she felt like she went too long between pain medication. The resident stated "when you have that bad of pain it was hard to wait one minute" and she had to wait hours before she received any pain medicine. The resident indicated she had been reporting to staff since she felt that her lower back was hurting. The resident was observed laying in bed with her lunch tray on her bedside table. The resident rang her call light at 11:50 a.m., and COTA 2 came in to answer the light. COTA 2 asked the resident if she wanted to get up and eat her lunch, the resident indicated no she did not want to get up she preferred to stay in bed and eat. COTA 2 raised the resident's head of the bed up and provided the resident with her lunch. COTA 2 indicated on 5/24/22 after the observed transfer she immediately went and reported to LPN 3 that the resident was experiencing a "high amount of lower back pain."</p> <p>During an interview via telephone with LPN 3 on 5/25/22 at 1:10 p.m., indicated COTA 2 had reported Resident D's lower back pain on 5/24/22 to her. LPN 3 indicated she signed out the narcotic to give to the resident at 9:00 a.m. but the resident was having difficulty swallowing so she did not give it to her at that time. LPN 3 indicated after COTA 2 reported the lower back pain she gave it at that time but did not document it. LPN 2 indicated she could not document it on the MAR because the order had changed.</p>			

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	<p>During an interview with the Director Of Nursing (DON) on 5/25/22 at 2:00 p.m., indicated no one had reported Resident D's lower back pain to her. The DON indicated she would attempt to find physician notification, pain assessments, non-pharmacological interventions and documentation of the pain medication being provided on 5/24/22.</p> <p>During an interview with the Director Of Nursing (DON) and the Unit Manager on 5/25/22 at 3:12 p.m., indicated there was no documentation of LPN 3 providing the resident with pain medication on 5/24/22, there was no documentation of the physician being notified of the resident's severe back pain, there was no other pain assessments completed for location of the pain, duration of the pain, frequency of the pain, pattern of the pain or any non-pharmacological interventions implemented for the resident's pain. The Unit Manager indicated therapy went to get the resident up this morning to sit on the side of the bed and she complained of lower back pain. The facility was going to get an x-ray of the resident's back.</p> <p>The pain policy provided by the DON on 5/25/22 at 1:45 p.m., indicated the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards, the comprehensive person centered care plan, and residents goals and preferences. In order to help a resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well being and to prevent or manage pain, the facility would recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated. Evaluate the resident's pain when a</p>			

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

PRINTED: 06/06/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>significant change in condition or status occurs such as new pain. Identifying key characteristics of the pain: duration of pain, frequency of pain, location of the pain, timing of the pain, pattern of the pain, radiation of the pain. Obtain descriptors of the pain such as stabbing, aching, pressure and spasms. Identify activities, resident care or treatment that precipitate or exacerbate pain and those that reduce or eliminate pain. Impact of pain on quality of life such as functioning and sleeping. "Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop and implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission. non-pharmacological interventions would include, but were not limited to, environmental comfort measures (adjusting room temperature, smoothing linens, comfortable seating or assistive devices), loosening any constrictive clothing, applying a splint (pillows or folded blanket), cold compress, warm shower/bath, massage, turning and repositioning, exercises to address stiffness, music, relaxation techniques, activities, diversion, spiritual and comfort support.</p> <p>This Federal tag relates to Complaint IN00379904.</p> <p>3.1-37(a)</p>			