

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

PRINTED: 05/29/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/06/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374			
(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 IN00432977 and IN00433180,</p> <p>Complaint IN00432977. Federal/state deficiency related to the allegations is cited at F689.</p> <p>Complaint IN00433180. Federal/state deficiency related to the allegations is cited at F656.</p> <p>Survey dates: May 3 and 6, 2024</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 57 Total: 57</p> <p>Census Payor Type: Medicare: 3 Medicaid: 46 Other: 8 Total: 57</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 9, 2024</p>			F 0000	/p> ="" p=""> ="" p="">		
F 0656 SS=D Bldg. 00	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2)						

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

TITLE

(X6) DATE

Breque Norris

Area Vice President

05/28/2024

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>and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the</p>						

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	<p>comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>Based on interview and record review, the facility failed to ensure a care plan was developed and implemented for seizure-like activities for 1 of 3 residents reviewed for falls. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5-3-24 at 2:35 p.m. His diagnoses included, but were not limited to, unspecified tremor and unspecified convulsions. A nursing note, dated 4-12-24, indicated he had a history of seizure activity. At least three seizure-like activities were documented for Resident C on 4-18-24, and least two more seizure-like activities were documented on 4-20-24. At least one seizure-like activity was associated with a fall.</p> <p>A review of Resident C's clinical record failed to demonstrate any care plan development for care and/or services related to seizure-like activities. This was brought to the attention of the Director of Nursing (DON) on 5-3-24. The DON was informed of the lack of care plans for Resident C related to this resident's seizures or seizure-like activity on 5-3-24 at 4:30 p.m. In an interview with the DON on 5-6-24 at 9:05 a.m., she indicated she had reviewed this resident's clinical record and was unable to locate any care plans for seizures or seizure-like activity.</p> <p>On 5-6-24 at 1:55 p.m. the DON provided a copy of a policy dated, 2023, and entitled, "Comprehensive Care Plans." This policy indicated, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident,</p>		F 0656	<p>="" p=""> Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction was prepared and executed to continuously improve care quality and comply with all applicable federal and state requirements.</p> <p>Resident C care plan was reviewed and updated.</p> <p>/p></p> <p>-what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur Record review completed daily in clinical start up and care plans updated. All admission care plans to be completed and reviewed by IDT. All resident care plans to be reviewed quarterly and updated by the IDT team. Education completed with all IDT members on comprehensive care plans. Ongoing audit to be completed by DNS or to monitor completion of Care Plan reviews during clinical start up. This audit to be completed 5X weekly X 4 weeks, 3 times weekly X 4 weeks, and weekly to completed 6 months. The results of these</p>		05/27/2024	

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	consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment...The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..." This Federal tag relates to Complaint IN00433180. 3.1-35(a) 3.1-35(b(1)				audits be reviewed at QAPI x 6 months to track for any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis. ="" p=""> ="" p="">		