

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

PRINTED: 01/16/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155137		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - VALPARAISO CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 251 STURDY RD VALPARAISO, IN 46383			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00423959.</p> <p>Complaint IN00423959 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 11, 12, 13, 14, and 15, 2023.</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Census Bed Type: SNF/NF: 76 Total: 76</p> <p>Census Payor Type: Medicare: 5 Medicaid: 49 Other: 22 Total: 76</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/20/23.</p>			F 0000	<p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care, and to comply with all applicable state and federal regulatory requirements. The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration.</p>		
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect,</p>						

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

TITLE

(X6) DATE

Tiffany Sydow

Health Facility Administrator

01/05/2024

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>exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure the Interim Administrator was notified immediately of a nasal fracture resulting from a resident to resident altercation for 1 of 2 residents reviewed for abuse. (Resident 36)</p> <p>Finding includes:</p> <p>Resident 36's record was reviewed on 12/12/23 at 12:58 p.m. Diagnoses included, but were not limited to, Alzheimer's disease with late onset, dementia with behavioral disturbance, major depressive disorder, and fracture of nasal bones.</p> <p>The Quarterly Minimum Data Set (MDS)</p>			F 0609	<p>p="" paraid="253872244" paraeid="{0aaa298f-9aa5-49df-9afc-247ccbdada0b}{222}"&gt;Resident 36 was assessed by nursing upon return from hospital on 12/10/23 to verify the location and extent of injury as indicated in report from the hospital. Physician notified and family contact attempted. A thorough investigation was initiated by ED/DNS.</p> <p>p="" paraid="1479546077" paraeid="{0aaa298f-9aa5-49df-9afc-247ccbdada0b}{248}"&gt;The facility has determined that all residents</p>		01/13/2024

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	<p>assessment, dated 11/20/23, indicated the resident was moderately impaired for daily decision making.</p> <p>A Progress Note, dated 12/10/2023 at 7:49 p.m., indicated staff responded immediately to loud voices heard. The resident was observed self-propelling in a wheelchair from his room into the hallway with a moderate amount of bleeding noted from his nose. The resident stated, "He hit me. He broke my nose. I'm going to whoop his ass." The resident was assessed immediately by four nurses, noted with bruising to the bony area to the left side of his nose. The Interim Executive Director was notified immediately. The resident was to be placed on 1:1 with staff, to be moved to an open bed on South Unit with a wanderguard in place. The resident was sent to the hospital for evaluation and treatment as indicated per the Director of Nursing. The Physician was notified. Multiple attempts to reach the Power of Attorney (POA) were made.</p> <p>A Progress Note, dated 12/10/2023 at 11:45 p.m., indicated the resident returned from the hospital.</p> <p>The State Reportable related to the incident was reviewed. The incident time was 12/10/23 at 7:30 p.m. The Reportable was submitted on 12/11/23 at 3:24 p.m. The Reportable indicated two residents had appeared to go into the shared bathroom at the same time. Resident 36 was noted to have bleeding from his nose. The residents were immediately separated and placed on 1:1 with staff until both were calm and then they were placed on 15 minute checks. Resident 36 was sent to the hospital immediately. Upon return from the hospital, Resident 36 was diagnosed with a nasal fracture.</p> <p>He was moved to the South Unit for a change in</p>				<p>have the potential to be affected. An audit was completed on all reportable investigations for the past 30 days to ensure timely filing was completed, as well as safety and security of the residents were maintained.</p> <p>p="" paraid="543557782" paraeid="{480f493e-ca4f-4680-9672-e471dc68c795}{25}"&gt;An in-service education program was conducted by DNS/designee with all staff addressing circumstances that require reporting including appropriate timeframes. Education consisted of Compliance with Reporting Allegations of Abuse/Neglect/Exploitation, and Policies and Procedures for Reporting LTC Abuse and Incidents.</p> <p>p="" paraid="1516735002" paraeid="{480f493e-ca4f-4680-9672-e471dc68c795}{51}"&gt;The DNS/designee will conduct a random audit of 5 residents and 5 staff weekly for 1 month, then 3 residents and 3 staff weekly for 2 months, then 1 resident and 1 staff weekly for 3 . These residents will be assessed and interviewed to ensure that any injuries are identified, properly investigated and reported to the appropriate people, and within the appropriate timeframes. ¿</p> <p>div=""&gt;div=""&gt;div=""&gt;div=""&gt;</p>		

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F 0684 SS=D Bldg. 00	<p>environment.</p> <p>Interview with the Administrator on 12/14/23 at 2:36 p.m., indicated that they in-serviced the staff immediately upon finding out the Interim Administrator was not notified of the nasal fracture upon return from the hospital. They should have reported within 2 hours of return from the hospital as it was a major injury.</p> <p>An in-service was sent via text message on 12/11/23 at 2:09 p.m. to all employees which stated, "Any time a resident is involved in a reportable and is sent out to the hospital, the Executive Director must be notified immediately and be notified upon return with an update on status. If they are admitted, the Executive Director must be notified with admitting diagnosis." The Long-Term Care Abuse and Incident Reporting Policy was also attached.</p> <p>3.1-28(c)</p> <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 observation, record review, and interview, the facility failed to ensure Physician's Orders for lymphedema pumps were documented as completed for 1 of 4 residents reviewed for non-pressure skin conditions. (Resident 29).</p>			F 0684	<p>p="" paraid="1792887828" paraeid="{480f493e-ca4f-4680-9672-e471dc68c795}{183}" p="" paraid="1792887828" paraeid="{480f493e-ca4f-4680-967</p>		01/13/2024

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	<p>Finding includes:</p> <p>During an interview on 12/11/23 at 10:35 a.m., Resident 29 indicated she had worn a "suit" for her lymphedema that helped to reduce the swelling in her legs, but had not worn it for a long time because she had Respiratory Syncytial Virus (RSV) and wasn't feeling up to it. During the interview, her legs were observed to be reddened in color and swollen.</p> <p>Resident 29's record was reviewed on 12/13/23 at 11:15 a.m. Diagnoses included, but were not limited to, lymphedema, heart failure, and chronic respiratory failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 9/25/23, indicated the resident was cognitively intact for daily decision making.</p> <p>A Physician Order, dated 7/7/23, indicated lymphedema pumps on bilateral lower extremities two times a day for 45 minutes per therapy.</p> <p>A Care Plan, dated 7/27/23, indicated the resident was at risk for fluid and electrolyte imbalance related to having a history of lymphedema and receiving a routine diuretic. Interventions included, but were not limited to, lymphedema pumps to bilateral lower extremities as ordered.</p> <p>There was no documentation related to the use of the lymphedema pumps.</p> <p>Interview with the Nurse Consultant on 12/14/23 at 11:15 a.m., indicated she would change the order so that there would be a check off on the Treatment Administration Record (TAR).</p>				<p>2-e471dc68c795{183}"&gt;IDT reviewed orders and plan of care for resident 29's lymphedema pumps. Orders were adjusted to reflect documentation of use. Care plan updated based on residents' preferences and orders. p="" paraid="1021718224" paraeid="{480f493e-ca4f-4680-9672-e471dc68c795}{207}"&gt;The facility has determined that all residents have the potential to be affected. DNS/designee completed an audit of all residents for lymphedema pumps to ensure orders are in place and are being documented accordingly. p="" paraid="914807343" paraeid="{480f493e-ca4f-4680-9672-e471dc68c795}{241}"&gt;An in-service education program was conducted by DNS/designee with all clinical staff on Provision of Quality of Care and Physician Ordered Services, and Chart Documentation Guidelines. p="" paraid="465029555" paraeid="{3c992b1d-6e7e-4005-bc-bd-be740032e48a}{16}"&gt;The DNS/designee will conduct a random audits, on various shifts, units and days (including weekends), of 5 residents weekly for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 months. These residents will be assessed and interviewed to ensure that orders are in place, documentation is being completed and no further</p>		

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F 0695 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary care and treatment for respiratory services related to the improper use of an oxygen delivery mask for 1 of 1 random observations of an oxygen mask. (Resident 10)</p> <p>Finding includes:</p> <p>On 12/11/23 at 12:41 p.m., Resident 10 was observed in her bed. She had an oxygen mask in place with a partially inflated bag attached to the mask. The oxygen concentrator was set on 3 liters per minute (lpm). The resident had her eyes closed and did not respond to voice. At 2:15 p.m., the</p>	F 0695	<p>intervention is needed. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT team will determine if further audits are needed.¿ p="" paraid="465029555" paraeid="{3c992b1d-6e7e-4005-bc bd-be740032e48a}{16}"&gt;</p> <p>p="" paraid="1039290510" paraeid="{3c992b1d-6e7e-4005-bc bd-be740032e48a}{110}"&gt;Resident 10 was immediately assessed and sent to hospital for further evaluation and treatment per physician's order. p="" paraid="1169661942" paraeid="{3c992b1d-6e7e-4005-bc bd-be740032e48a}{132}"&gt;The facility has determined that all residents have the potential to be affected. The DNS/designee conducted an audit of all residents on any respiratory device to</p>	01/13/2024	

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	<p>nursing staff indicated the resident had been sent to the hospital.</p> <p>The resident's record was reviewed on 12/13/23 at 10:38 a.m. Diagnoses included, but were not limited to, Alzheimer's dementia, cellulitis and repeated falls.</p> <p>The Significant Change Minimum Data Set assessment, dated 10/25/23, indicated the resident had severe cognitive deficits and required extensive staff assistance for bed mobility and toileting.</p> <p>A Change in Condition Note, dated 12/11/23 at 8:40 a.m., indicated the resident had chills and did not want to get up. When assessed, the resident's temperature was 102.4 degrees, blood pressure 173/77, oxygen saturation was 84%, and a wet, non-productive cough was noted. The nurse applied oxygen via nasal cannula at 2 lpm and the resident's oxygen did not increase. A non-rebreather mask was then applied and the oxygen flow increased to 3 lpm; the oxygen saturation increased to 93%. The nurse then contacted the Physician and received orders for an antibiotic, prednisone (a steroid) and increased diuretic.</p> <p>A General Note, dated 12/11/23 at 2:07 p.m., indicated the family was present and requested the resident be sent to the hospital. A rebreather mask was in use at that time.</p> <p>Interview with the Infection Prevention (IP) Nurse on 12/14/23 at 11:15 a.m., indicated she was taking care of the resident on 12/11/23. When she noted her oxygen saturation was low, she asked staff to bring her a mask and they had brought her the non-rebreather mask. She indicated she was</p>				<p>ensure administration is per order and policy.</p> <p>p="" paraid="650961937" paraeid="{3c992b1d-6e7e-4005-bc bd-be740032e48a}{172}"&gt;Education completed with all licensed clinical staff via DNS/designee, regarding residents Special Needs, Oxygen Administration, Safety and Emergency Use.</p> <p>p="" paraid="853987318" paraeid="{3c992b1d-6e7e-4005-bc bd-be740032e48a}{196}"&gt;The DNS/designee will conduct random audits, on various shifts, units and days (including weekends), of 5 residents weekly for 1 month, then 3 residents weekly for 2 months, then 1 resident weekly for 3 month. These residents will be assessed to ensure orders are in place, followed and changes are reported timely for additional intervention, consistent with policy. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT team will determine if further audits are needed.</p>		

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F 0759 SS=D Bldg. 00	<p>focused on getting the oxygen running and not what type of mask it was. At some point, the mask had been changed to a rebreather mask.</p> <p>The current policy, "Oxygen Administration", was received on 12/14/23, indicated, "...Non-Rebreather Mask- Oxygen is inhaled from a reservoir bag attached to the mask. Gas exits the mask through a one-way expiratory valve. This delivers concentrations between 60-90%. A minimum flow rate of 10 liters/minute is required for use..." The policy did not contain information on rebreather masks.</p> <p>The article "Carbon dioxide narcosis due to inappropriate oxygen delivery: a case report", retrieved from www.ncbi.nlm.nih.gov/pmc/articles, indicated, "...some oxygen delivery systems such as non-rebreathing face masks with an oxygen reservoir bag require high oxygen flow for adequate oxygenation and to avoid carbon dioxide rebreathing..."</p> <p>3.1-47(a)(6)</p> <p>483.45(f)(1) Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; Based on observation, record review, and interview, the facility failed to ensure a medication error rate of less than 5% for 1 of 8 residents observed during medication pass. Seven errors were observed during 30 opportunities for errors during medication administration. This resulted in a medication error rate of 23%. (Resident 36)</p>			F 0759	<p>p="" paraid="990844542" paraeid="{594670e1-2015-48db-aa d5-f6fda2554e5b}{41}"&gt;The charge nurse/designee assessed resident 36 for appropriateness and obtained an order from physician to crush medications. p="" paraid="1691719547"</p>		01/13/2024

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	<p>Finding includes:</p> <p>RN 1 was observed preparing the following medications during medication pass for Resident 36 on 12/13/23 at 4:00 p.m.:</p> <ul style="list-style-type: none"> <li>- Magnesium oxide tablet 400 milligram (mg)</li> <li>- Memantine tablet 5 mg</li> <li>- Vitamin C tablet 500 mg</li> <li>- Carvedilol tablet 25 mg</li> <li>- Donepezil tablet 5 mg</li> <li>- 2 acetaminophen tablets 325 mg</li> <li>- Ferrous gluconate tablet 324 mg</li> </ul> <p>RN 1 sanitized his hands and then placed each of the medications into a medication cup. He placed the medications into a crush bag and proceeded to crush all seven medications together in one bag. He mixed the crushed medications with pudding and administered them to the resident.</p> <p>Resident 36's record was reviewed on 12/12/23 at 12:58 p.m. Diagnoses included, but were not limited to, Alzheimer's disease with late onset, dementia with behavioral disturbance, and heart failure.</p> <p>There were no Physician's Orders for crushing of medications.</p> <p>Interview with the Nurse Consultant on 12/14/23 at 1:37 p.m., indicated the order was dropped off when he had left the facility and it was never added back to his orders.</p> <p>3.1-48(c)(1)</p>				<p>paraeid="{594670e1-2015-48db-aa d5-f6fda2554e5b}{71}"&gt;The facility has determined that all residents have the potential to be affected. The DNS/designee conducted an audit of all residents to ensure delivery method for medication administration is accurate and per policy.</p> <p>p="" paraid="555798870"</p> <p>paraeid="{594670e1-2015-48db-aa d5-f6fda2554e5b}{117}"&gt;Education completed with all licensed nurse via DNS/designee, regarding Medication Administration and Crushed Medications.</p> <p>p="" paraid="430359761"</p> <p>paraeid="{594670e1-2015-48db-aa d5-f6fda2554e5b}{141}"&gt;The DNS/designee will conduct random med pass audits, on varying shifts, units and days (including weekends) 3 times a week for 1 month, then 2 times a week for 2 months, then 1 time a week for 3 months. Any errors noted during pass will be corrected immediately, staff educated and reported to the parties responsible immediately. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT team will determine if further audits are needed.¿</p> <p>div=""&gt;div=""&gt;div=""&gt;div=""&gt;</p>		