

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

PRINTED: 09/20/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155375		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - PETERSBURG CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 309 W PIKE AVE PETERSBURG, IN 47567			
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F 0000  Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on June 22, 2023. This visit was in conjunction to the Investigation of Complaint IN00413866 completed on August 3, 2023.</p> <p>Survey dates: August 29, 30, 2023</p> <p>Facility number: 000033 Provider number: 155375 AIM number: 100266280</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicaid: 39 Other: 2 Total: 41</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 7, 2023.</p>			F 0000	Facility is requesting desk review.		
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control</p>						

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

TITLE

(X6) DATE

Cathy Eckert 09/15/2023

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 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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	<p>program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin</p>						

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	<p>lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment to help prevent the development and transmission of diseases and infections for 1 of 3 residents observed for incontinence care and 1 of 1 residents observed for insulin administration. Nursing staff failed to wear proper PPE (Personal Protective Equipment) while performing incontinence care and giving an insulin injection to residents on EBP (Enhanced Barrier Precautions). (Resident 12, Resident 182)</p> <p>Findings include:</p> <p>1. On 8/29/23 at 11:09 A.M., Resident 12's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type II and PVD (Peripheral Vascular Disease).</p>	F 0880	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Nursing staff on wearing proper PPE equipment while performing high contact resident care including placement of clean and dirty supplies and insulin care. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur: Nursing</p>	09/14/2023			

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	<p>The most recent MDS (Minimum Data Set) Assessment, dated 7/21/23, indicated Resident 12 was severely cognitively impaired, an extensive assist of 2 staff for bed mobility and toileting, and totally dependent on 2 staff for transfers and bathing.</p> <p>Current Physician's Orders included, but were not limited to, the following: Enhanced Barrier Precautions every shift for wounds, dated 7/14/23.</p> <p>A current At Risk for Infections Care Plan, dated 7/14/23, included, but was not limited to, the following interventions: Enhanced Barrier Precautions put in place due to the wounds I currently have and will stay in place until wounds are healed, initiated 7/14/23.</p> <p>Staff to wear proper PPE when giving direct patient care to me, initiated 7/14/23.</p> <p>On 8/29/23 at 12:51 P.M., incontinence care was observed on Resident 12. A sign for EBP was hanging on the resident's door. The Infection Preventionist observed care in the room. CNA (Certified Nurse Aide) 12 and CNA 24 used ABHR (Alcohol-Based Hand Rub) and put on gloves. CNA 24 operated the bed control to raise the resident's bed and lowered his head while CNA 12 prepared wash cloths and then laid them on the resident's bedside table. CNA 24 grabbed a clean brief. CNA 24 stood on right side and CNA 12 on the left side of Resident 12's bed. Both CNAs uncovered the resident. CNA 24 unfastened his incontinence pad and took out the pillow from under leg. CNA 24 grabbed the soapy, wet washcloth from the bedside table, wiped the resident's front area, and then grabbed a wet wash cloth that was directly on the bedside table</p>				<p>on appropriate PPE on EBP residents during high contact resident care including placement of clean and dirty supplies and insulin care. How will this corrective action be monitored to ensure that the deficient practice does not recur: DNS or will complete 5 audits a week times 4 weeks, 3 audits a week for 4 weeks. Random audits ongoing . Infection control reviewed and any patterns noted will be addressed through our QAPI process.</p>		

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	<p>surface, and rinsed the front side of the resident. Resident 12 was rolled to his left side and CNA 12 held him, twisted around, and grabbed cream from his nightstand drawer. CNA 24 grabbed a soapy, wet cloth from the bedside table and wiped the resident's buttocks, and patted over the MASD (Moisture Associated Skin Damage) wound on his sacrum. CNA 24 grabbed a wet wash cloth that was directly laying on the resident's bedside table, wiped the buttocks, and patted the wound on his sacrum area. CNA 12 squeezed a small amount of cream into CNA 24's gloved hand and CNA 24 rubbed it on the resident's sacral wound. At that time, the Infection Preventionist asked CNA 24 if she wanted to change gloves. CNA 24 took off her gloves, applied ABHR, and put on new gloves. CNA 24 placed the new brief under the resident and they rolled the resident to his right side. CNA 12 pulled out the brief and rolled the resident on to his back. The CNAs failed to wear gowns while performing incontinence care.</p> <p>During an interview on 8/29/23 at 1:02 P.M., CNA 24 indicated the bedside table was wiped down by housekeeping and it was probably washed down that morning.</p> <p>During an interview on 8/29/23 at 1:13 P.M., Housekeeper 1 indicated the bedside table should be wiped down daily but was not sure if it always got done and was not sure if room 203 has been cleaned yet today.</p> <p>During an interview on 8/29/23 at 1:15 P.M., Housekeeper 1 indicated room 203 had not been cleaned yet but they were going to do it that day.</p> <p>2. On 8/29/23 at 11:24 A.M., RN (Registered Nurse) 6 was observed administering insulin to Resident 182. After checking the orders for</p>						

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	<p>Resident 182, RN 6 grabbed the insulin pen from the medication cart, removed the cap, wiped the insulin pen tip with alcohol, and put the needle on. RN 6 primed the pen then dialed it to 5 units. RN 6 went into Resident 182's room. A sign for EBP was hanging on the resident's room door. RN 6 wiped Resident 182's abdomen with alcohol and injected the 5 units of insulin. RN 6 failed to wear gloves when giving the resident her insulin injection.</p> <p>On 8/29/23 at 1:37 P.M., Resident 182's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type II and dementia.</p> <p>The most recent Annual MDS Assessment, dated 8/13/23, indicated Resident 182 was severely cognitively impaired and an extensive assist of 2 staff for bed mobility, transfers, and toileting.</p> <p>Physician's Orders included, but were not limited to, the following: Enhanced Barrier Precautions every shift for wound to RLE (Right Lower Extremity), dated 7/12/23.</p> <p>A current At Risk for Infections Care Plan, dated 7/12/23, included, but was not limited to, the following interventions: Enhanced Barrier Precautions put in place due to the wounds I currently have and will stay in place until wounds are healed, initiated 7/12/23.</p> <p>Staff to wear proper PPE when giving direct patient care to me, initiated 7/12/23.</p> <p>On 8/30/23 at 10:06 P.M., an Infection Control in-service, dated 7/6/23, was provided by the DON (Director of Nursing) and reviewed. It indicated</p>						

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	<p>EBP education was discussed. CNA 24, CNA 12, and the Infection Preventionist signed indicating they were present for the in-service.</p> <p>During an interview on 8/30/23 at 9:30 A.M., the Regional Consultant indicated she would expect staff to follow the guidelines on the door for EBP and the EBP policy. At that time, she also indicated she would expect nursing staff to follow the infection control and insulin pen administration policy.</p> <p>During an interview on 8/30/23 at 9:45 A.M., the Infection Preventionist indicated all floor staff were in-serviced on EBP. She indicated the in-services educated on the signage, policy, and proper PPE to be worn with resident's care. Staff were expected to wear a gown and glove when performing care such as: incontinence care, emptying catheter bags, dressing changes, and any other contact with bodily fluids. At that time, she indicated when insulin injections were administered, only gloves were required.</p> <p>On 8/30/23 at 10:10 A.M., a current non-dated Infection Prevention Policy, was provided by the Regional Consultant and indicated " ... 2. all staff are responsible for following all policies and procedures related to the program ... all staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services ... licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies ... environment cleaning and disinfection shall be performed ... all staff have responsibilities related to the cleanliness of the facility ... direct care staff shall demonstrate competence in resident care procedures established by our facility ... "</p>						

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	<p>On 8/30/23 at 10:10 A.M., a current non-dated Enhanced Barrier Precautions Policy, was provided by the Regional Consultant and indicated "high-contact resident care activities include: ... the Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education ... f. Changing briefs or assisting with toileting</p> <p>On 8/30/23 at 10:10 A.M., a current non-dated Insulin Pen Policy, was provided by the Regional Consultant and indicated " ... c. Don [put on] gloves ... "</p> <p>3.1-18(b)(2)</p>						