

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

PRINTED: 09/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155834		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2023	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - WILLOW SPRINGS CARE CENTE				STREET ADDRESS, CITY, STATE, ZIP COD 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260			
(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 IN00410777, IN00415584, IN00415882, IN00416103, IN00416260, IN00416261 and IN00416517.</p> <p>Complaint IN00410777-Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00415584-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00415882-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416103-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416260-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416261-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416517-No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 27, 28, 29, 30, and 31, 2023</p> <p>Facility number: 013738 Provider number: 155834 AIM number: 100272170</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 6</p>			F 0000			

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

TITLE

(X6) DATE

Sonia Patel

Executive Director

09/21/2023

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 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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F 0921 SS=D Bldg. 00	<p>Medicaid: 52 Other: 12 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 8, 2023.</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to contain their trash in the appropriate trash container for 3 of 6 hallways and failed to ensure 1 of 2 shower rooms were not flooding into the hallway when in use during a review of the environment.</p> <p>Findings include:</p> <p>1. On 8/27/23 at 8:33 p.m., upon entering the third floor, off the elevator, there was a large clear see-through bag filled with smaller clear see-through bags of trash sitting on the floor by the elevator. There were large clear see-through bags filled with smaller clear see-through bags of trash sitting on the floor at the corner of the hallway down from the resident shower room door, at the corner of the hallway next to the door with the name roof access room and next door to room 326. At 8:38 p.m., when the staff on the third floor was picking the trash bags up, they were asked where those trash bags were to be placed after being picked up from each individual room but, none of the staff would answer the question.</p>			F 0921	<p>Preparation or execution of the plan of correction does not constitute admission or agreement or conclusion 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 prepared and executed solely because it is required by the position of federal and state law. The plan of correction is submitted to respond to allegations of noncompliance cited. 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>		09/21/2023

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	<p>During an interview, on 8/30/23 at 2:47 p.m., CNA 1 with the Area Vice President of Clinical Operations in attendance indicated she threw her trash in the soiled utility room, after it was picked up from each room, where it was supposed to be taken.</p> <p>2. On 8/27/23 at 8:33 p.m., upon entering the third floor, off the elevator, there was a bath blanket spread out lengthwise in the middle of the hallway directly in front of the shower.</p> <p>During an interview, on 8/27/23 at 8:40 p.m., CNA 3 was standing in front of the shower room. After knocking, the shower door was opened, the shower room floor had standing water in it from stall number 3 to the shower room door, which ran out into the middle of the hallway. At that time, CNA 3 indicated the shower drains were clogged and the shower floor flooded, then water ran into the middle of the hallway. The shower had been like that for a "few weeks." He had not notified the maintenance department because he thought they knew it already.</p> <p>A current policy, titled "Soil Linens and Trassh Containers," dated 2023, provided by the Area Vice President of Clinical Operations on 8/29/23 at 3:15 p.m., indicated "...Policy Explanation and Compliance Guidelines: 1. Soiled utility rooms shall be used for storing soiled linen and trash...."</p> <p>This Federal tag relates to Complaint IN00410777.</p> <p>3.1-19(f)(5)</p>			<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. All trash was removed and drains cleared for standing water in the shower rooms.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All residents have the potential to be affected where facility failed to contain trash in the appropriate container for 3 of the 6 hallways and failed to ensure 1 of 2 shower rooms were not flooding into the hallway.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. All staff have been in serviced on disposing of all trash immediately in the appropriate trash containers and also educated on how to use the TELS system to ensure maintenance concerns are being reported and corrected timely.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur.i.e., what quality assurance program will be put into place. Director of Nursing/designee will monitor daily for any trash in hallways and resident rooms and Maintenance Director/designee</p>			

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					will monitor the shower rooms during daily rounds and present result at the monthly QA meeting. This will be monitored daily x 1 month, than ongoing weekly thereafter. 5. Date of Compliance: 9-21-23		