

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2022
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE- SYCAMORE VILLAGE CARE CEN	STREET ADDRESS, CITY, STATE, ZIP COD 2905 W SYCAMORE ST KOKOMO, IN 46901
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00377639 and IN00378009.</p> <p>Complaint IN00377639 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00378009 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey date: June 8, 2022</p> <p>Facility number: 000258 Provider number: 155367 AIM number: 100289160</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 3 Medicaid: 63 Other: 24 Total: 90</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 17, 2022.</p>	F 0000	<p>reparation, 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 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that -</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>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff followed the smoking policy and failed to dispose of cigarette butts in an approved cigarette receptacle for 1 of 1 randomly observed staff member reviewed for the potential for accidents. (Dietary Aide 1)</p> <p>Finding includes:</p> <p>On 6/8/22 at 12:02 p.m., an anonymous interviewee indicated the kitchen staff did not smoke in the designated smoking area and did not use a cigarette receptacle to dispose of their cigarette butts which caused an unsafe and messy environment.</p> <p>During an observation, on 6/8/22 at 12:11 p.m., right outside the kitchen door which exited to the outside of the building, two empty cigarette packs, three upside down milk crates and approximately 30 cigarette butts were located on the ground. Two feet away, to the left of the door, and around a corner was another upside down milk crate, one empty cigarette pack, a metal bucket with seven cigarette butts inside and another approximate 10 cigarette butts were found on the ground. Located on the exterior wall by the kitchen door was a gas line.</p> <p>During an observation, on 6/8/22 at 12:16 p.m., with the Director of Nursing (DON) present, Dietary Aide 1 was observed to be standing right</p>	F 0689	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?¿</p> <p>Dietary Aide 1: was re-educated on facility smoking guideline to include but not limited to location of designated staff smoking areas and proper disposal of cigarettes in approved receptacle No residents identified have been affected by the alleged deficient practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken¿ All residents have the potential to be affected by the alleged deficient practice. Initial audit: The facility completed a review of the approved smoking areas for staff to include safe location as well as appropriate receptacles for disposal of cigarettes and trash. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur¿ Education: Facility staff educated on the facility guidelines for staff smoking which included but not limited to; location of</p>	07/02/2022

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	<p>outside the exterior kitchen door smoking a cigarette. She was not eight feet from the building and was not in a designated smoking area.</p> <p>During an interview, on 6/8/22 at the time of the observation, the DON indicated the staff were provided two designated smoking areas. Chairs or a picnic table were provided at each designated smoking area along with cigarette butt receptacles. The staff were not supposed to be smoking around the kitchen door. There was a gas line by the kitchen door and the generator was in the area. There was also a no smoking sign posted by the generator.</p> <p>During an observation, on 6/8/22 at 12:20 p.m., a sign was observed in the area by the generator which read, "If you work here you can NOT smoke here and if you don't work here you still CAN'T smoke here. Go to designated smoking area!!!"</p> <p>A current facility policy, titled "Employee Smoking," undated and received from the Regional Nurse on 6/8/21 at 1:30 p.m., indicated " ...Smoking is prohibited in all areas except the designated area for employee smoking ...2. A "Designated Smoking Area" sign will be posted where smoking is permitted. 3. Violations should be reported to the employee's supervisor as soon as practical It is the responsibility of all personal to report smoking violations. The various supervisors are responsible for enforcing these rules ...Violations of this policy will result in disciplinary action up to and including termination ...."</p> <p>This Federal tag relates to Complaints IN00377639 and IN00378009.</p>		<p>designated smoking areas and proper disposal of cigarettes and trash. On-going monitoring: The ED or Designee will audit/observe staff smoking in designated smoking areas, areas maintained with appropriate disposal receptacles and free from cigarettes and trash on the ground. The reviews will be conducted on various shifts 4 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.¿ How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place¿ 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 audits will continue based on QAPI recommendation.¿ If none noted, then will complete audits based on a prn basis.¿</p>	

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

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