

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

PRINTED: 08/31/2023

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 01/30/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374
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(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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00387720, IN00388299, IN00391807, IN00394742 and IN00400058.</p> <p>Complaint IN00387720 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00388299 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00391807 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00394742 - Substantiated. Federal/state deficiencies related to the allegations are cited at F580 and F684.</p> <p>Complaint IN00400058 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 26, 27 and 30, 2023</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 1 Medicaid: 47 Other: 6 Total: 54</p> <p>These deficiencies reflect State Findings cited in</p>	F 0000	<p>Preparation, 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>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shawn M Steele	ED,HFA	02/13/2023

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 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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F 0580 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 1, 2023</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in</p>			

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	<p>paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to follow up on a significant change of laboratory work for 1 of 3 residents reviewed for change in condition. (Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 1/26/2023 at 2:43 p.m. The medical diagnoses included chronic kidney disease and congestive heart failure (CHF).</p> <p>A modified Admission Minimum Data Set Assessment, dated 11/7/2022, indicated that Resident F was cognitively intact and was not dehydrated.</p> <p>A hydration care plan, dated 11/9/2022, indicated that Resident F was at risk for a fluid deficit with interventions of observe appearance of mucus membranes and skin turgor, obtain, and monitor lab work per physician order, report results to physician and follow up as indicated.</p>	F 0580	<p>Resident F no longer resides at the facility</p> <p>The facility completed a 14 day look back of all laboratory work to ensure the Physician/NP was notified of lab results and or significant change in results and documented in the medical record. licensed staff were educated on notification of change in condition to the physician or NP to include but not limited to lab results. The DNS or designee will review orders for labs and return of lab results daily during clinical review to include Physician/NP notification documented in the clinical record. The review will be conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months.</p> <p>Results of these audits will be brought to QAPI monthly x 6</p>	03/10/2023

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	<p>A physician progress note, dated 11/8/2022 at 00:00 that was created on 11/8/2022 at 12:05 p.m., indicated that nursing reported patient has had low blood pressure with a reading of 88/58. Under Assessment and Plan, the note indicated " ...Hypotension, unspecified: Vital signs have shown low BP [blood pressure] for past 2 days. Patient currently taking multiple medications to treat his CHF and HTN [hypertension] which directly affect his BP. Patient has no sign [sic] of blood loss or sepsis. Therefore will order CBC [Complete Blood Count]. CMP [Complete Metabolic Panel] and reduce Lisinopril in half to 10 mg daily ..."</p> <p>A physician order, dated 11/9/2022, indicated for Resident F to have a CBC and CMP completed.</p> <p>A hospital metabolic panel for Resident F, dated 10/31/2022, indicated a creatinine of 0.9 mg/dL (milligrams per deciliter) with a normal range 0.8-1.2 mg/dL, BUN of 22 mg/dL (a normal range is 7-25 mg/dL), potassium of 3.5 mEq/L (milliequivalents per liter) with a normal range of 3.8-5.1 mEq/L, and an estimated GFR of 102 ml/min (milliliters per minute).</p> <p>A laboratory result obtained at the ECF (Extended Care Facility), dated 11/10/2022 with a report time of 12:30 p.m. indicated that Resident F had an elevated creatinine of 3.1, BUN of 80, potassium of 5.6 mEq/L, sodium of 124 mEq/L with a normal range of 135-145 mEq/L, and decreased GFR of 20 ml/min.</p> <p>A nursing progress note, dated 11/10/2022 at 8:30 p.m., indicated that Resident F complained of shortness of breath with chest pain. An as needed nitroglycerin (medication used to treat chest pain)</p>		<p>months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p>	

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	<p>was given and ineffective. Resident F was found to have a low blood pressure and was send to the emergency room.</p> <p>An Emergency Department physician note indicated that Resident F presented with shortness of breath, markedly hypotensive with a significant low blood pressure in the 50's and was very dry appearing on initial examination with a concern he was over diuresed. Laboratory work confirmed this concern with indication of markedly elevated creatinine, elevated potassium, and lowered sodium. Laboratory results obtained at the hospital on 11/10/2022 with a resulted time of 9:38 p.m., which indicated a creatinine of 4.0 mg/dL, BUN of 93 mg/dL, sodium of 122 mEq/L, and potassium of 5.8 mEq/L.</p> <p>An interview with LPN 4 on 1/30/2023 at 11:45 p.m. indicated she was on the schedule for the unit Resident F resided on 1/10/2022, but she did not remember reviewing any labs for the residents that day. She believed he was sent out for chest pain the following shift.</p> <p>A nephrology physician progress note, dated 11/12/2022, indicated that Resident F had acute renal failure with tubular necrosis, which is a type of kidney failure that can be caused by lack of blood flow.</p> <p>A hospitalist discharge note, dated 11/14/2022, indicated that Resident F was brought to the emergency room due to generalized weakness, fatigue, hypotension, and chest discomfort. Resident F had extremely low urinary output a few days before presentation to the emergency room on the 11/10/2022, felt extremely weak, slightly lightheaded, and short of breath. Resident F was admitted to the intensive care unit.</p>			

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	<p>An interview with MD on 1/30/2023 at 1:35 p.m., indicated he had taken care of Resident F at the end of last year. He recalled Resident F being very aggressively diuresed due to his congestive heart failure and had been following him closely due to potential complications. At that time, he would take call until 2 p.m. and was not notified prior to Resident F's hospitalization in regard to his laboratory work, but his immediate intervention would have been to send Resident F to the emergency room for an evaluation and treatment.</p> <p>A policy entitled, "Notification of Change", was provided by the Director of Nursing on 1/27/2023. The policy indicated, "...The facility must inform the residents, consult with the resident's physician and /or notify the resident's family member or legal representative when there is a change requiring such notification ..." that include a significant change in the resident's physical condition such as a deterioration in health that may include clinical complications or life-threatening conditions.</p> <p>A policy entitled, "Provision of Physician Ordered Services", was provided by the Director of Nursing on 1/30/2023 at 12:30 p.m. The policy indicated, "...Qualified nursing personnel will receive and review the diagnostics tests reports and consults and communicate the results to the ordering Physician ...Ordering Provider will be notified of results upon receipt if deemed "critical" and/or require immediate attention ..."</p> <p>This Federal tag relates to Complaint IN00394742.</p> <p>3.1-5(a)</p>			

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F 0684 SS=D Bldg. 00	<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 interview and record review, the facility failed to obtain daily weights and assist a resident attended a Cardiology appointment as ordered by physician order for 1 of 3 residents reviewed for following physician orders. (Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 1/26/2023 at 2:43 p.m. The medical diagnoses included chronic kidney disease and congestive heart failure (CHF).</p> <p>A modified Admission Minimum Data Set Assessment, dated 11/7/2022, indicated that Resident F was cognitively intact and was not dehydrated.</p> <p>A hydration care plan, dated 11/9/2022, indicated that Resident F was at risk for a fluid deficit with interventions of observe appearance of mucus membranes and skin turgor, obtain, and monitor lab work per physician order, report results to physician and follow up as indicated.</p> <p>Resident F admitted to ECF on 10/31/2022. An admission weight was recorded on 10/31/2022 of</p>	F 0684	<p>Resident F no longer resides at the facility The facility completed a 14 day look back for residents with orders for daily weights to ensure weights are obtained and physician/NP is notified of any significant changes in weights and documented in the medical record. The facility completed an audit of all residents medical records to include a 14 day look back for orders for an appointment to ensure all appointments are scheduled with transportation and noted in the clinical record. Licensed staff were educated on the guidelines for following physician orders to include but not limited to obtaining daily weights and scheduling appointments and ensuring the resident attends. The DNS or designee will review orders during daily clinical meeting for daily weights, documentation of daily weights, new orders for appointments and scheduling of appointments. The review will be</p>	03/10/2023
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	<p>206 pounds.</p> <p>A physician order, dated 11/1/2022, indicated that Resident F was to have his weight measure daily. Review of the treatment administration record indicated blanks from 11/2/2022 through 11/10/2022.</p> <p>A hospital weight was documented on 11/12/2022 at 228 pounds.</p> <p>An interview with Clinical Regional Support, dated 1/27/2023 at 11:35 a.m. indicated she wasn't sure why the daily weights were not completed for Resident F, but staff should follow physician orders as written.</p> <p>A hospital recapulation included physician progress note, dated 10/30/2022, stating under plan " ...Will need very close follow up in CHF clinic ..." A follow-up appointment was listed as 11/3/2022 at 2:15 p.m.</p> <p>A physician order, dated 11/1/2022, indicated that Resident F had a follow up appointment with Cardiology on 11/3/2022 at 2:15 p.m. The medication and treatment administration record was not signed off under this order on 11/3/2022. No nursing progress note addressed this appointment.</p> <p>A cardiology note, dated 11/21/2022, indicated "He was hospitalized on 10/26/2022 due to increased shortness of breath and lower extremity edema...Lasix was changed to 40 mg b.i.d. with BMP in 1 week. Coreg and lisinopril were continued. Repeat lab work was not completed and patient did not follow-up with in 3 days of hospital discharge as recommended ..."</p>		<p>conducted 5 times weekly x 4 weeks, then 3 times weekly x 4 weeks, then weekly x 4 months. 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 will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p>	

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	<p>An interview with LPN 4 on 1/30/2023 at 11:45 p.m. indicated she was told she took care of Resident 5 on 11/3/2022. She stated she didn't recall taking care of him that day, anything about his appointment, nor the wife requesting it to be reschedule. She stated it is protocol that if an appointment is canceled, she would reach out to the family to notify them, the physician's office to reschedule and check if they need any additional orders and would document in a progress note.</p> <p>This Federal tag relates to Complaint IN00394742.</p> <p>3.1-37(a)</p>				