PRINTED: 01/06/2023
FORM APPROVED

CENTERS FOI	R MEDICARE & MEDIC	AID SERVICES				OM	IB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION		A. BU	JILDING	00	COMPLETED		
155278		B. W	B. WING			/2022		
				CTREET	ADDRESS CITY STATE ZIR SOD			
NAME OF I	PROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP COD			
DDICKY			rco.		BURKS DR			
DRICKT	ARD REALTROAKE	E - BLOOMINGTON CARE CENT	ER	BLOOK	MINGTON, IN 47401			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRE			(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPE	SHOULD BE COMPLETION		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
F 0000								
Bldg. 00								
	This visit was for the	ne Investigation of Complaint	F 00	000	The submission of this Plan of			
İ	IN00395599 and IN	N00395664.		Correction, for survey of		vent 47IP11		
					conducted on 12/5/2022, do	es not		
	^	5599 - Unsubstantiated due to		indicate an admission by				
	lack of evidence.				Bloomington Care Center th			
					findings and allegations con			
	Complaint IN00395664 - Substantiated.				herein are an accurate and true depiction of the quality of care and services provided to the residents			
	Federal/State deficiencies related to the							
	allegations are cited at F921 and F925.							
	Survey date: December 5, 2022				of Bloomington Care Center			
					Facility recognizes its obliga			
	F 31. 1 00	20155			to provide legally and medic	-		
	Facility number: 000177 Provider number: 155278				necessary care and services			
					residents in an economic an			
	AIM number: 1002	89860			efficient manner. The Facility	/		
	C D- 1 T				hereby maintains it is in	41		
	Census Bed Type: SNF/NF: 125 Total: 125				substantial compliance with			
					requirements of participation			
					Comprehensive Health Care			
	Census Payor Type				Facilities. To this end, this P Correction shall serve as a	anoi		
	Medicare: 8	•			credible allegation of compli	anco		
	Medicaid: 102				with all state and federal	alice		
	Other: 15				requirements governing the			
	Total: 125				management of this Facility.	It is		
	10tal. 125				thus submitted as a matter of			
	These deficiencies	reflect State Findings cited in			statute only. We are request			
	accordance with 41	_			paper compliance for this su	•		
	accordance with 41	5 11.5 10.2 5.1.			paper compliance for tills su	, v o y .		
	Quality review com	npleted December 7, 2022.						
F 0921	492 00(i)							
SS=E	483.90(i)	anitary/Comfortable Environ						
Bldg. 00		Environmental Conditions						
Diag. 00	- ','	environmental Conditions provide a safe, functional.						
	T THE INCHIN HIUSEL	ALOVIGE A SAIE. IUHUHUHAI.			•		•	

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

sanitary, and comfortable environment for

residents, staff and the public.

TITLE

(X6) DATE

Scott A Swaby Executive Director 12/21/2022

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	K MEDICAKE & MEDIC					ONIB NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		ì í			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER			JILDING	<u>00</u>	COMPLETED	
		155278	B. W	ING	12/05/2022	
NAME OF I	PROVIDER OR SUPPLIEF	R			ADDRESS, CITY, STATE, ZIP COD	
BRICKY	ARD HEAI THCARE	E - BLOOMINGTON CARE CENT	FR	1	MINGTON, IN 47401	
DICIOICIA	THE TIETRETTION TO	- BEGGIVIII VOT GIV GARRE GENT		BLOOK	1	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION
TAG	†	R LSC IDENTIFYING INFORMATION	_	TAG		Ditte
		on, interview, and record	F 0	921	<u>F 921 = E</u>	01/04/2023
		failed to provide a sanitary			What corrective action(s) will	
		of 20 rooms reviewed. Dirt,			be accomplished for those	
debris, and grime was buli		-			residents found to have been	
		beds. (Room 146, Room 20,			affected by the deficient	
		3, Room 5, Room 9, Room 116,			practice;	
	Room 144)					
					The rooms identified, 5, 9, 18, 2	
	Findings include:				48, 116, 144, and 148, were all	
					deep cleaned per policy.	
		45 a.m., Room 146 was observed.				
	A buildup of dirt and grime around the				How other residents having the	ne
		oom and a buildup of dust,			potential to be affected by the	,
	dirt, and debris was	s observed under the bed.			same deficient practice will be	e
					identified and what corrective	!
		22 a.m., Room 20 was observed.			action(s) will be taken;	
	A buildup of dust, of	dirt, and debris was observed				
	under both beds. A	buildup of dirt, grime and			All residents have the potential	to
	what appeared to be	e mouse droppings along the			be affected by the alleged defic	cient
	baseboard behind tl	he beds was observed. At that			practice. The deep clean calend	dar
	time, LPN 1 (Licen	sed Practical Nurse) indicated			(exhibit A) will be utilized daily f	for
	she thought housek	eeping cleaned the rooms			future deep cleans.	
	daily. The floor sho	ould have been cleaned.				
					What measures will be put int	0
		33 a.m., Room 18 was observed.			place and what systemic	
	Dirt, debris, and du	st was observed under both			changes will be made to	
	beds and a buildup	of dirt and grime was			ensure that the deficient	
	observed along the	baseboards. Above the			practice does not recur:	
	headboard of the be	ed nearest the window and				
		the recliner a buildup of thick			Housekeeping staff will be	
	dust was observed.				educated on the deep clean	
					calendar, the Deep Clean Chec	ckoff
	4. On 12/5/22 at 9:4	43 a.m., Room 48 was observed.			List (Exhibit B), the	
	There was a buildu	p of dirt and grime around the			Discharge/Admit Room Checkli	ist
	baseboards of the room. The floor was sticky.				(Exhibit C), and the policy of	
					Routine Cleaning and Disinfect	ion
	5. On 12/5/22 at 12	:18 p.m., Room 5 was observed.			(exhibit D). The Policy "Routine	
		s was observed under both			Cleaning and Disinfection" was	
beds. There was buildup of dirt and grime along				reviewed with no changes made		

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the baseboards.

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The Deep Clean calendar will

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU			SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
155278		155278	B. WING			12/05/	2022
				CTREET	ADDRESS SITY STATE ZID COD		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
			-D		BURKS DR		
BRICKY	ARD HEALTHCARE	E - BLOOMINGTON CARE CENTE	:K	BLOOK	MINGTON, IN 47401		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)	12	DATE
					serve as a guide to when roor	ns	
	6. On 12/5/22 at 12	:25 p.m., Room 9 was observed.			are deep Cleaned monthly. Th		
	A buildup of dirt ar	nd grime was observed along		"Deep Clean Checkoff List"			
	the baseboards.				used to verify deep cleans are		
					completed as scheduled. The		
	7. On 12/5/22 at 12	:35 p.m., Room 116 was			"Discharge/Admit Room Chec	klist"	
	observed. A buildu	p of dirt and grime along the			will be utilized to monitor room	าร	
	baseboards and dirt	t, dust, and debris under both			prior to admissions and after		
	beds was observed.				discharges.		
	8. On 12/5/22 at 12	::40 p.m., Room 144 was			How the corrective action(s)		
	observed. A buildu	p of dirt, grime, and dust was			will be monitored to ensure t	the	
	observed around the	e baseboards. Under both			deficient practice will not		
	beds, dust and debris was observed.				recur, i.e., what quality		
					assurance will be put into		
	During an interview on 12/5/22 at 9:35 a.m., the				place; and		
	Housekeeping Supervisor indicated the						
	housekeepers cleaned under the beds once a				The Deep Clean Calendar, De	э ер	
	month. The rest of the floor, including baseboards				Clean Checkoff List, and		
	and trim should have been cleaned daily. The dust				Discharge/Admit Room Check	dist	
	in Room 18 should have been cleaned. This was				will be monitored weekly x 2		
	not completed.				months, then biweekly x 2		
					months, and then monthly x 2		
	On 12/5/22 at 10:21 a.m., The Regional Director of				months. Audited records will b	е	
	Nursing provided a copy of an undated facility				reviewed by the Quality Assur	ance	
	policy, titled Routine Cleaning and Disinfection. A				Committee until such time that	t	
	review of the policy indicated it is the policy of				consistent compliance has be	en	
	this facility to ensure the provision of routine				achieved as determined by the		
	cleaning and disinfection in order to provide a				Quality Assurance Committee		
	1	onmenthorizontal surfaces					
		nd contact (window sills and			By what date the systemic		
		ng) in routine resident-care			changes for each deficiency		
	areas should be clea	anedwhen soiling and spills			will be completed. After		
	occur.				submitting an acceptable pla		
					of correction, it is determine		
	This Federal tag rel	lates to Complaint IN00395664.			that the correction will not be	e	
					completed by the date		
	3.1-19(f)				previously submitted, The		
					Division need to be contacte	-	
			1		as soon as possible. The fac	ility	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155278 B. WING 12/05/2022 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 155 E BURKS DR BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER **BLOOMINGTON. IN 47401** (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE will need to submit an amended plan of correction with the updated plan of correction date; 1/4/2023 F 0925 483.90(i)(4) SS=D Maintains Effective Pest Control Program Bldg. 00 §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. Based on observation, and interview, and record F 0925 F925 = E01/04/2023 review, the facility failed to maintain an effective What corrective action(s) will pest control program for 3 of 20 rooms observed. be accomplished for those Live and dead cockroaches were in resident residents found to have been rooms. (Room 111, Room 135, Room 5) affected by the deficient practice; Finding includes: All rooms identified were treated During an interview on 12/5/22 at 8:09 a.m., CNA 1 with bait from a local pest control (Certified Nursing Aide) indicated he saw company on 12/7/22 (Exhibit E). cockroaches in a resident's room on the 100 hall. How other residents having the On 12/5/22 at 8:17 a.m., Room 111 was observed. potential to be affected by the Four live cockroaches crawling on the floor on left same deficient practice will be side of the bed nearest to the door was observed. identified and what corrective There was a small white cardboard box in the action(s) will be taken; corner, on the floor. The box was filled with dead

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observed.

cockroaches. Approximately 30 dead cockroaches

scattered around the floor near the small box were

On 12/5/22 at 8:31 a.m., Room 135 was observed.

Under the bed nearest the door, a small white cardboard box was observed. Inside the small box

Approximately 40 dead cockroaches scattered

around the floor under the bed and going up the

was dead cockroaches were observed.

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company.

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All Residents have the potential to

be affected by the alleged deficient

practice. The complete building was baited by a local pest control

What measures will be put into

place and what systemic

changes will be made to

ensure that the deficient

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155278	(X2) MULTIPLE C A. BUILDING B. WING	OO	(X3) DATE SURVEY COMPLETED 12/05/2022				
	ROVIDER OR SUPPLIEF	E - BLOOMINGTON CARE CENTE	155 E	STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401					
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	TION (X5) LID BE COMPLETION ROPRIATE DATE				
TAG	privacy curtain wer cockroaches were of pillow on the bed. On 12/5/22 at 12:18 Under the bed near cockroach was observed. During an interview Director of Nursing aware of cockroach had been trying to the company that we effective. The cock there. On 12/5/22 at 10:21 Nursing provided a Pest Control Progratindicated this was the facility. A review of policy of the facility control program the common household.	e observed. Two dead bserved under the resident's 8 p.m., Room 5 was observed. est to the door, a dead erved. 7 on 12/5/22 at 9:02 a.m., the indicated she had been made es in the facility. The facility reat for the cockroaches but as used had not been roaches should not have been a.m., the Regional Director of copy of a facility policy, titled in, dated 11/2017, and the current policy used by the f the policy indicated it was the yet omaintain an effective pest at eradicates and contains	TAG	The policy "Pest Control (Exhibit F) was reviewed changes. A newly contract control company was brown 12/7/2022 to bait the elementary building. Sightings report future of live cockroaches forwarded to the pest corcompany and the area wisighting occurred will be will be monitored to ensideficient practice will not recur, i.e., what quality assurance will be utilized determine and document sightings. The audit tool viewed weekly x 2 months, at monthly x 2 months, at monthly x 2 months. Aud records will be reviewed Quality Assurance Communtil such time that consistent process of the complete complete. By what date the system changes for each deficition will be completed. After	Program" with no cted pest ought in entire ed in the s will be introl here the retreated. Program" with no cted pest ought in entire ed in the s will be introl here the retreated. Program" with no entire ed in the s will be introl it to repest will be inths, ind ited by the inttee stent ineved as y Inic ency				
				submitting an acceptable of correction, it is determined to the submitted submitted as a submitted submitted as a submitted su	- I				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155278			(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING 00 COMPI B. WING 12/05			LETED	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL				TE	COMPLETION
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
					that the correction will not be completed by the date previously submitted, The Division need to be contacte as soon as possible. The fac will need to submit an amended plan of correction with the updated plan of correction date;	d	
					1/4/2023		

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