

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2022
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00395599 and IN00395664.</p> <p>Complaint IN00395599 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395664 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921 and F925.</p> <p>Survey date: December 5, 2022</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 8 Medicaid: 102 Other: 15 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 7, 2022.</p>	F 0000	<p>The submission of this Plan of Correction, for survey event 47IP11 conducted on 12/5/2022, does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Bloomington Care Center. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only. We are requesting paper compliance for this survey.</p>	
F 0921 SS=E Bldg. 00	<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.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott A Swaby	Executive Director	12/21/2022

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>Based on observation, interview, and record review, the facility failed to provide a sanitary environment for 8 of 20 rooms reviewed. Dirt, debris, and grime was built up on the baseboards and underneath the beds. (Room 146, Room 20, Room 18, Room 48, Room 5, Room 9, Room 116, Room 144)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 12/5/22 at 8:45 a.m., Room 146 was observed. A buildup of dirt and grime around the baseboards of the room and a buildup of dust, dirt, and debris was observed under the bed. On 12/5/22 at 9:22 a.m., Room 20 was observed. A buildup of dust, dirt, and debris was observed under both beds. A buildup of dirt, grime and what appeared to be mouse droppings along the baseboard behind the beds was observed. At that time, LPN 1 (Licensed Practical Nurse) indicated she thought housekeeping cleaned the rooms daily. The floor should have been cleaned. On 12/5/22 at 9:33 a.m., Room 18 was observed. Dirt, debris, and dust was observed under both beds and a buildup of dirt and grime was observed along the baseboards. Above the headboard of the bed nearest the window and covering the top of the recliner a buildup of thick dust was observed. On 12/5/22 at 9:43 a.m., Room 48 was observed. There was a buildup of dirt and grime around the baseboards of the room. The floor was sticky. On 12/5/22 at 12:18 p.m., Room 5 was observed. The dust and debris was observed under both beds. There was buildup of dirt and grime along the baseboards. 	F 0921	<p><u>F 921 = E</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The rooms identified, 5, 9, 18, 20, 48, 116, 144, and 148, were all deep cleaned per policy.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by the alleged deficient practice. The deep clean calendar (exhibit A) will be utilized daily for future deep cleans.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Housekeeping staff will be educated on the deep clean calendar, the Deep Clean Checkoff List (Exhibit B), the Discharge/Admit Room Checklist (Exhibit C), and the policy of Routine Cleaning and Disinfection (exhibit D). The Policy "Routine Cleaning and Disinfection" was reviewed with no changes made. The Deep Clean calendar will</p>	01/04/2023	

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	<p>6. On 12/5/22 at 12:25 p.m., Room 9 was observed. A buildup of dirt and grime was observed along the baseboards.</p> <p>7. On 12/5/22 at 12:35 p.m., Room 116 was observed. A buildup of dirt and grime along the baseboards and dirt, dust, and debris under both beds was observed.</p> <p>8. On 12/5/22 at 12:40 p.m., Room 144 was observed. A buildup of dirt, grime, and dust was observed around the baseboards. Under both beds, dust and debris was observed.</p> <p>During an interview on 12/5/22 at 9:35 a.m., the Housekeeping Supervisor indicated the housekeepers cleaned under the beds once a month. The rest of the floor, including baseboards and trim should have been cleaned daily. The dust in Room 18 should have been cleaned. This was not completed.</p> <p>On 12/5/22 at 10:21 a.m., The Regional Director of Nursing provided a copy of an undated facility policy, titled Routine Cleaning and Disinfection. A review of the policy indicated it is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment...horizontal surfaces with infrequent hand contact (window sills and hard surface flooring) in routine resident-care areas should be cleaned...when soiling and spills occur.</p> <p>This Federal tag relates to Complaint IN00395664.</p> <p>3.1-19(f)</p>		<p>serve as a guide to when rooms are deep Cleaned monthly. The "Deep Clean Checkoff List" will be used to verify deep cleans are completed as scheduled. The "Discharge/Admit Room Checklist" will be utilized to monitor rooms prior to admissions and after discharges.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance will be put into place; and</p> <p>The Deep Clean Calendar, Deep Clean Checkoff List, and Discharge/Admit Room Checklist will be monitored weekly x 2 months, then biweekly x 2 months, and then monthly x 2 months. Audited records will be reviewed by the Quality Assurance Committee until such time that consistent compliance has been achieved as determined by the Quality Assurance Committee.</p> <p>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility</p>	

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F 0925 SS=D Bldg. 00	<p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, and interview, and record review, the facility failed to maintain an effective pest control program for 3 of 20 rooms observed. Live and dead cockroaches were in resident rooms. (Room 111, Room 135, Room 5)</p> <p>Finding includes:</p> <p>During an interview on 12/5/22 at 8:09 a.m., CNA 1 (Certified Nursing Aide) indicated he saw cockroaches in a resident's room on the 100 hall.</p> <p>On 12/5/22 at 8:17 a.m., Room 111 was observed. Four live cockroaches crawling on the floor on left side of the bed nearest to the door was observed. There was a small white cardboard box in the corner, on the floor. The box was filled with dead cockroaches. Approximately 30 dead cockroaches scattered around the floor near the small box were observed.</p> <p>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 was dead cockroaches were observed. Approximately 40 dead cockroaches scattered around the floor under the bed and going up the</p>	F 0925	<p>will need to submit an amended plan of correction with the updated plan of correction date;</p> <p>1/4/2023</p> <p>F 925 = E What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>All rooms identified were treated with bait from a local pest control company on 12/7/22 (Exhibit E).</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All Residents have the potential to be affected by the alleged deficient practice. The complete building was baited by a local pest control company.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient</p>	01/04/2023

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	<p>privacy curtain were observed. Two dead cockroaches were observed under the resident's pillow on the bed.</p> <p>On 12/5/22 at 12:18 p.m., Room 5 was observed. Under the bed nearest to the door, a dead cockroach was observed.</p> <p>During an interview on 12/5/22 at 9:02 a.m., the Director of Nursing indicated she had been made aware of cockroaches in the facility. The facility had been trying to treat for the cockroaches but the company that was used had not been effective. The cockroaches should not have been there.</p> <p>On 12/5/22 at 10:21 a.m., the Regional Director of Nursing provided a copy of a facility policy, titled Pest Control Program, dated 11/2017, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.</p> <p>This Federal tag relates to Complaint IN00395664.</p> <p>3.1-19(f)(4)</p>		<p>practice does not recur:</p> <p>The policy "Pest Control Program" (Exhibit F) was reviewed with no changes. A newly contracted pest control company was brought in on 12/7/2022 to bait the entire building. Sightings reported in the future of live cockroaches will be forwarded to the pest control company and the area where the sighting occurred will be retreated.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance will be put into place; and</p> <p>The audit tool titled "Pest Control" (Exhibit G) will be utilized to determine and document pest sightings. The audit tool will be reviewed weekly x 2 months, bi-monthly x 2 months, and monthly x 2 months. Audited records will be reviewed by the Quality Assurance Committee until such time that consistent compliance has been achieved as determined by the Quality Assurance Committee.</p> <p>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined</p>	

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

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			<p>that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date;</p> <p>1/4/2023</p>	