STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155278	A. BUILDING _____ B. WING _____	C 04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	**155 E BURKS DR BLOOMINGTON, IN 47401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00401449, IN00404106, IN00404200, and IN00405076. Complaint IN00401449 - No deficiencies related to the allegations are cited. Complaint IN00404106 - No deficiencies related to the allegations are cited. Complaint IN00404200 - No deficiencies related to the allegations are cited. Complaint IN00405076 - No deficiencies related to the allegations are cited. Survey date: April 12, 2023 Facility number: 000177 Provider number: 155278 AIM number: 100289860 Census Bed Type: SNF/NF: 118 Total: 118 Census Payor Type: Medicare: 9 Medicaid: 99 Other: 10 Total: 118 Brickyard Healthcare - Bloomington Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00401449, IN00404106, IN00404200, and IN00405076.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	**155 E BURKS DR BLOOMINGTON, IN 47401**

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F 000	Continued From page 1 Quality review completed April 13, 2023.	F 000		