PRINTED: 04/28/2023
FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC	CAID SERVICES	OMB NO. 0938-039				
	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157	î ´	JILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 04/05/2023	
	SUMMARY (EACH DEFICIEN REGULATORY OF	E - RICHMOND CARE CENTER STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION THE INVESTIGATION OF COMPLAINTS	F 00	1042 C RICHM ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIDEFICIENCY)  Preparation, submission and implementation of this Plan of		(X5) COMPLETION DATE
	Complaint IN00404 related to the allegated to the allegat	o0077 55157 66490 :: reflect State Findings cited in			Correction does not constitute admission or agreement with facts and conclusions set fort the survey report. Our Plan or Correction was prepared and executed as a means to continuously improve the qual care and comply with all applicable federal and state requirements.  The facility respectfully reque desk review of our responses this survey.	the h on f lity of sts a	

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

Quality review completed on April 11, 2023

TITLE

(X6) DATE

Amber Hestand RN

Regional Director of Clinical Operations

04/27/2023

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 disclodays 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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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155157		A. BUIL	A. BUILDING <u>00</u> B. WING			(X3) DATE SURVEY COMPLETED 04/05/2023	
	PROVIDER OR SUPPLIE. ARD HEALTHCARI	R E - RICHMOND CARE CENTER		1042 OA	DDRESS, CITY, STATE, ZIP COD AK DR DND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PR	ID EFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
F 0558 SS=E Bldg. 00	483.10(e)(3) Reasonable Accord Needs/Preference §483.10(e)(3) The services in the fact accommodation of preferences exceed endanger the heat or other residents.  Based on observation review, the facility provided fluids threin interviewed. (Resident Findings include:  1. A facility tour with p.m. The following.  1a. An interview of 4/3/23 at 2:02 p.m. staff pass out fresh request water after water out daily. The bedside table with.  1b. An interview of 4/3/23 at 2:10 p.m. in the morning to put throughout the day indicated the staff of the cup was noted date present.	eright to reside and receive cility with reasonable of resident needs and pt when to do so would alth or safety of the resident so.  on, interview, and record failed to ensure residents were oughout the day for 5 residents dent G, H, K, L, and M)  as conducted on 4/3/23 at 2:00 g interviews were conducted:  onducted with Resident M, on an indicated in the morning the ice water and then she will wards. The staff only pass ice ere was a Styrofoam cut on her no date noted.  onducted with Resident L, on indicated the staff come in once was fresh ice water and he has to ask for it. Resident L attilize the same Styrofoam cup. on the bedside table without a	F 055		F 558 E Reasonable Accommodations Needs/Preferences What corrective actions will I accomplished for those residents found to have been affected by the deficient practice? Resident G facility is not able to identify Resident H facility is not able to identify Resident K facility is not able to identify Resident L facility is not able to identify Resident M facility is not able to identify Resident M facility is not able to identify Resident M facility is not able to identify How other residents having to potential to be affected by the same deficient practice will be identified and what corrective action will be taken Initial audit and interview of all	be  to  to  to  the  e  pe	05/05/2023
	4/3/23 at 2:12 p.m. water daily and if s	onducted with Resident K, on , indicated the staff pass ice the asks for more, they give it to tup was on her bedside table			residents that receive oral hydration and availability of hydration between meals was completed. Any concerns or discrepancies identified were		

	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE S				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU B. W.	JILDING	00	COMPL	
		155157	B. W.			04/05/	2023
NAME OF P	PROVIDER OR SUPPLIEF				ADDRESS, CITY, STATE, ZIP COD		
	ADD HEVI THOADE	E DICHMOND CARE CENTER		1042 O			
DRICKY	AND DEALINGARE	E - RICHMOND CARE CENTER		KICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION	-	TAG			DATE
	1d. An interview co	nducted with Resident H, on			corrected.		
		indicated the staff pass ice			What measures will be put in	nto	
	-	g and if he wants anymore			place and what systemic	ilo	
		he has to ask for it. The staff			changes will be made to		
		rent cup but not daily.			ensure that the deficient		
	<i>5 a a</i>	1			practice does not recur		
	1e. An interview co	nducted with Resident G, on			Education: Clinical staff		
		indicated she was not sure of			(Nurse/QMA/CNA) were educ	ated	
	-	ility had in regard to passing			on the guidelines for Hydration		
	ice water. She will	get ice water when she asked			include but not limited to offer		
	for it, and they utili	ze the same cup. A Styrofoam			the residents a variety of fluids	S	
	cup was noted on he	er bedside table without a date		during and between meals, provide			
	present.			assistance with drinking and			
					ensure beverages are availab	le	
		dration", was provided by the			and within reach.		
		4/5/23 at 10:05 a.m. The policy					
		ving, "4. Care plan			On-going monitoring		
	-	Interventions will be			DNS or Designee will round to		
		dress the specific needs of the			a day to observe and/or interv	iew	
	-	included, but are not limited			residents (at least 5/day) to		
		lent a variety of fluids during			ensure hydration is provided.	4.5	
		ii. Provide assistance with e beverages are available and			These reviews to be conducte times weekly x 4 weeks, then		
	within reach"	c ocverages are available and			times weekly x 4 weeks, then	3	
	within reach				weekly x 4 months.		
	This Federal deficie	ency relates to Complaint			Wooldy A 4 mondia.		
	IN00404542	,			How the corrective action wi	II	
	-				be monitored to ensure the		
	3.1-3(v)(1)				deficient practice will not		
					recur, i.e., what quality		
					assurance program will be p	ut	
					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, th	en	
			1		will continue audits based on		

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 04/05/2023	
	PROVIDER OR SUPPLIER	: - RICHMOND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of Quality of care is a applies to all treat facility residents. It comprehensive as facility must ensur treatment and care professional stand comprehensive per and the residents'  Based on interview failed to ensure were conducted on a resident as having a deep tis not ensuring a urina flushed per recommenders to where a re a clogged urinary careviewed for change Resident E)  Findings include:  1. The clinical recommenders in the clini	of care a fundamental principle that ment and care provided to Based on the assessment of a resident, the that residents receive in accordance with lards of practice, the erson-centered care plan,	F 0684	QAPI recommendation. If nor noted, then will complete audit based on a prn basis.  F 684 D Quality of Care What corrective actions will accomplished for those residents found to have been affected by the deficient practice?  Resident B: Clinical record wareviewed for orders to ensure orders were initiated timely. Resident E: Clinical record wareviewed for timely completion assigned assessments.  How other residents having the potential to be affected by the same deficient practice will be identified and what corrective identified and what corrective in the potential identified and what corrective in the potential identified and what corrective identified in the potential identified and identified and identified iden	05/05/2023 be n as all as n of the ee	
	dysfunction of blad disabilities, hyperte spastic diplegic cere	der, profound intellectual nsion, diabetes mellitus, pain, ebral palsy, and aphasia. the Nurse Practitioner (NP),		action will be taken  Initial audit weekly skin assessments: A 7 day look ba was completed to ensure all		

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dated 1/17/23, indicated Resident B tested

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residents have assigned weekly

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  00			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER			00	COMPLETE	
		155157	B. WIN	· · ·		04/05/202	۷٥
NAME OF F	PROVIDER OR SUPPLIER	<b>k</b>			ADDRESS, CITY, STATE, ZIP COD		
DDIOLOG		DIOLIMOND CARE SENTER		1042 O			
BRICKY	AKD HEALTHCARE	E - RICHMOND CARE CENTER		RICHM	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	ì ·	CY MUST BE PRECEDED BY FULL	F	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE CO	OMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
	positive for influent	za.			skin assessment completed. A	ny	
	A progress note by	the ND doted 1/19/23			found not in compliance were corrected immediately with		
A progress note by the NP, dated 1/18/23, indicated a follow up was conducted and Resident				documentation present in their			
		had sediments in it. This was			clinical record.		
	I -	Resident B and a routine order			omnear recera:		
		catheter was in place. The NP			Initial audit catheter care,		
		ed the nursing staff to change			changes, flushes per MD orde	rs:	
		for now and will re-evaluate			An audit of all residents with		
	urine output after th	ne urinary catheter had been			indwelling foley catheters was		
	changed.				completed to ensure all physic	ian	
					orders pertaining to catheter a	nd	
	The electronic treat	ment administration record			catheter care are completed a	nd	
	l ' ' -	of 2023 indicated the irrigation			documented in the residents'		
		B's urinary catheter, dated			clinical record. Any found not i	n	
		igned off, as administered, on			compliance were corrected		
		(day), and 1/18/23 (day). The			immediately with documentation	on	
	_	sident B's urinary catheter as			present in the clinical record.		
	needed, dated 1/8/2				l		
	administrations sign	ned off for 1/18/23.			What measures will be put in	ito	
	TP1	4 4 1 1 4 14			place and what systemic		
		ress notes to indicated the ed Resident B's urinary			changes will be made to ensure that the deficient		
	catheter.	ed Resident B's urmary					
	cameter.				practice does not recur  Education: Licensed Nurses v	woro	
	A progress note da	ted 1/19/23 at 9:58 p.m.,			educated on the guidelines for		
		B was having leaking from the			Skin Assessment to include but		
		order was obtained to send			not limited to ensuring weekly		
	Resident B to the en				assessment are conducted as		
					assigned and documented in t		
	A progress note, da	ted 1/20/23 at 9:11 a.m.,			clinical record.		
		was admitted to the hospital					
	for treatment of a p	ossible urinary tract infection			Education: Licensed Nurses w	/ere	
	and was receiving i	ntravenous antibiotics.			educated on the guideline for		
					follow physician order to include	de	
		cted with Resource Nurse, on			but not limited to ensuring		
		indicated it doesn't appear the			Catheter flushes and changes	are	
	staff changed the ur	rinary catheter for Resident B.			completed per physician order		
					documented in the clinical rec	ord.	
	A policy titled "Me	dication Administration".	1				

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155157	B. WI	NG	<del></del>	04/05/	2023
		<u> </u>	<del></del>	CTREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIE	R		1042 O			
DDIO!//							
BRICKY	ARD HEALTHCARE	E - RICHMOND CARE CENTER		RICHIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	i E	DATE
	revised November 2	2017, was provided by the			On-going monitoring: DNS or		
	Resource Nurse on	4/5/23 at 10:05 a.m. The policy			designee will observe orders of	laily	
	indicated the following, "Policy: Medications are				during clinical meeting to ensu	-	
	administered by lic	ensed nurses, or other staff			all orders pertaining to cathete		
	who are legally aut	horized to do so in this state,			are followed with documentation		
		hysician and in accordance			present in the clinical record.		
	with professional st	tandards of practice"			DNS or designee will audit		
	-	-			assigned weekly skin		
	2. The clinical reco	rd for Resident E was reviewed			assessments daily to ensure		
	on 4/5/23 at 12:15	p.m. The diagnoses included,			assessments are completed a	S	
		d to, chronic viral hepatitis C,			assigned.		
	venous insufficienc	ey, aphasia, presence of cardiac			3		
		es mellitus, and cerebral			These reviews to be conducte	d 5	
	infarction.				times weekly x 4 weeks, then	3	
					times weekly x 4 weeks, then		
	An Annual Minimu	ım Data Set (MDS) assessment,			weekly x 4 months.		
	dated 1/10/23, indic	cated Resident E needed			j		
	extensive assistance	e with two staff for bed			How the corrective action will	I	
	mobility, dressing,	toilet use, and personal			be monitored to ensure the		
	hygiene.				deficient practice will not		
					recur, i.e., what quality		
	A care plan for skir	n, revised 1/20/23, indicated			assurance program will be p	ut	
	Resident E was at r	risk for skin impairment related			into place		
	to muscle weakness	s, needed assistance with skin			Results of these audits will be		
	care and positioning	g, and increased moisture. The			brought to QAPI monthly x 6		
	interventions listed	were to encourage and assist			months to identify trends and t	0	
	with turning and re	positioning and skin			make recommendations. If		
	assessment to be co	ompleted per policy.			issues/trends are identified, th	en	
					will continue audits based on		
	A skin assessment,	dated 2/7/23, indicated no skin			QAPI recommendation. If non	е	
	concerns.				noted, then will complete audit	S	
					based on a prn basis.		
		ated 2/16/23, indicated a full					
		s conducted for Resident E					
	with no open areas	noted.					
		spitalized from 3/5/23 to 3/6/23					
	_	ng for multiple days and					
	_	te kidney injury along with					
	hyperglycemia.						
			1				

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

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155157			l í	JILDING	00	COMPL 04/05/	ETED
	PROVIDER OR SUPPLIER	- RICHMOND CARE CENTER		1042 OA	DDRESS, CITY, STATE, ZIP COD AK DR DND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
F 0755 SS=D Bldg. 00	indicated a discharg pressure injury to control of the Resident E since 2/1 hospitalization.  An interview conduct 4/5/23 at 3:17 p.m., locate any further skip of the Resident E since 2/1 hospitalization.  An interview conduct 4/5/23 at 3:17 p.m., locate any further skip of the Resident E since 2/1 p.m.,	cted with Resource Nurse, on indicated she was not able to cin assessments since 2/16/23.  Incy relates to Complaint 00404629.  (Pharmacist/Records y Services rovide routine and and biologicals to its in them under an agreement 70(g). The facility may personnel to administer permits, but only under the in of a licensed nurse.  Idures. A facility must utical services (including source the accurate g, dispensing, and I drugs and biologicals) to each resident.  In Consultation. The facility optain the services of a					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155157	B. WI	NG		04/05/	/2023
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	ROVIDER OR SUPPLIEF	8		1042 O			
BRICKY	ARD HEALTHCARE	- RICHMOND CARE CENTER		RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	-	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCE!		DATE
	aspects of the proin the facility.  §483.45(b)(2) Estrecords of receipt controlled drugs in an accurate recons  §483.45(b)(3) Detare in order and the	ermines that drug records nat an account of all					
	controlled drugs is						
	periodically recon	ciled.	EAS	755	5.755 D. Dhamas a.v.		05/05/2022
	failed to ensure intradministered timely ensure administration the emergency drug admission for 1 of 3 integrity and 1 of 3	and record review, the facility avenous (IV) antibiotics were and for the full course and on of medications, available in a kit (EDK), for a new residents reviewed for skin residents reviewed for stration. (Resident C and	F 07	755	F 755 D Pharmacy Services/Procedures/Pharmace Records What corrective actions will accomplished for those residents found to have been affected by the deficient practice? Resident C No longer resides the facility Resident F No longer resides the facility	be 1 at	05/05/2023
	on 4/3/23 at 4:06 p. were not limited to, heart failure, malnu	m. The diagnoses included, but hypertension, congestive trition, and muscle weakness.			How other residents having to potential to be affected by the same deficient practice will be identified and what corrective action will be taken	e De	
	Resident C was disc a primary diagnosis diagnosis of sacral medication list inclu	ated 12/29/22, indicated charged from the hospital with s of sepsis and a secondary wound. The discharge uded piperacillin-tazobactam otic) 3.375 grams and to infuse for 14 days.			Initial audit: the facility comple a 7 day look back of all new orders to ensure they were initiated timely and for the dura as ordered. Any discrepancies identified were corrected and documented in the clinical rec	ation S	

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD		00	COMPLETED	
		155157	B. WING			04/05/2	2023
NAME OF I	PROVIDER OR SUPPLIER		S	TREET A	ADDRESS, CITY, STATE, ZIP COD		
					AK DR		
BRICKY	ARD HEALTHCARE	- RICHMOND CARE CENTER	F	RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE.	COMPLETION
TAG		LISC IDENTIFYING INFORMATION	T	AG	DEFICIENCY		DATE
A physician order, dated 12/29/22, indicated the use for Piperacillin Sodium - Tazobactam solution				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	_				What measures will be put in	ito	
	wound infection for	grams IV every 8 hours for a			place and what systemic		
	wound infection for	14 days.			changes will be made to		
	The electronic mod	ication administration record			ensure that the deficient		
		nber of 2022 indicated the IV			practice does not recur  Education: Licensed Nursing s	stoff	
		dministered per the following:			9		
	antibiotic was not a	ammistered per the following.			were educated on the guideling for Medication Administration		
	12/30/22 6:00 a.m.	was blank			Unavailable Medications to inc		
		n. indicated it wasn't available,			but not limited to ensuring	Jiuue	
		.m. indicated it wasn't available,			intravenous antibiotics are		
		n., 2:00 p.m., and 10:00 p.m.			administered timely and for the	o full	
	indicated it wasn't a				course and ensuring	e iuii	
		and 2:00 p.m. indicated it wasn't			administration of medications	that	
	available,	and 2.00 p.m. indicated it wasn't			are available in the EDK (ADL	I	
	1/1/23 at 10:00 p.m	was blank and			new admissions.	) 101	
	_	indicated it wasn't available.			new aumissions.		
	1/2/23 at 0.00 a.iii.	indicated it wasn't available.			On-going monitoring: DNS or		
	The initial dose of t	he IV antibiotic was signed off,			Designee will review new		
	as administered, on	_			medication orders during daily	,	
	as administered, on	1/2/23 at 2.00 p.m.			clinical meeting to ensure med		
	The last dose of the	IV antibiotic was signed off			are initiated timely, available,		
		p.m. Resident C only received			administered for the full assign		
		loses scheduled to be			course of treatment.	lcu	
	administered.	John Solie Galler Co. Co.			These reviews to be conducte	<sub>d 5</sub>	
					times weekly x 4 weeks, then	I	
	An interview condu	acted with Resource Nurse, on			times weekly x 4 weeks, then	·	
		indicated the staff should have			weekly x 4 months.		
	_	ibiotic after notifying the					
		the resident received the full			How the corrective action wi	n	
	course.				be monitored to ensure the		
					deficient practice will not		
	2. The clinical reco	rd for Resident F was reviewed			recur, i.e., what quality		
		m. The diagnoses included, but			assurance program will be p	<sub>ut</sub>	
	_	chronic atrial fibrillation,			into place		
		nsion, hyperlipidemia,					
		isorder, and muscle weakness.			Results of these audits will be		
		nitted to the facility on 3/11/23	1		brought to QAPI monthly x 6		
at 11:50 a.m.		1		months to identify trends and	to		

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 00			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 155157	A. BU B. WI		00	COMPL 04/05/		
		100101	D. W1			04/03/	2020	
NAME OF I	PROVIDER OR SUPPLIER	₹		STREET A 1042 O	ADDRESS, CITY, STATE, ZIP COD			
BRICKY	ARD HEALTHCARE	- RICHMOND CARE CENTER			OND, IN 47374			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	•	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	make recommendations. If		DATE	
	A physician order,	dated 3/11/23, was noted for			issues/trends are identified, th	en		
	·	tion for sleep) 8 milligrams at			will continue audits based on			
	bedtime for insomn	ia.			QAPI recommendation. If nor			
	A physician order	dated 3/11/23, was noted for			noted, then will complete audi based on a prn basis.	ts .		
		grams twice a day for anxiety			based on a pin basis.			
	disorder and due at	-						
		1 - 10/11/00						
		dated 3/11/23, was noted for ning medication) 5 milligrams						
	- :	coagulant and due at 8:00 p.m.						
		ication administration record						
		of 2023 indicated the						
	administered due to	one, and Eliquis were not						
		, nev w. white co						
		ns available in the EDK was						
		source Nurse on 4/4/23 at 2:57						
	_	indicated Ramelteon 8 one 10 milligrams, and Eliquis 5						
	milligrams were av	-						
		acted with the Resource Nurse,						
	_	m., indicated there have been						
		sistration of medications timely. ck the EDK to see if the						
		able. The staff should have						
		diately, without delay)						
	Resident F's medica	ations.						
	A policy titled "Me	dication Administration",						
		2017, was provided by the						
		4/5/23 at 10:05 a.m. The policy						
		ving, "Policy: Medications are						
	-	ensed nurses, or other staff						
		horized to do so in this state,						
		hysician and in accordance						

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Event ID:

UPBU11 Facility ID: 000077

If continuation sheet Page 10 of 15

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 04/05/2023		
	PROVIDER OR SUPPLIER	- RICHMOND CARE CENTER	1042 O	ADDRESS, CITY, STATE, ZIP COD AK DR OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 0842 SS=E Bldg. 00	This Federal deficient IN00405188  3.1-25(a) 3.1-25(b)(1) 3.1-25(b)(3)  483.20(f)(5), 483.7  Resident Records §483.20(f)(5) Res (i) A facility may not is resident-identification in the facility may resident-identification accordance with a agent agrees not in the interior in the interi	rncy relates to Complaint  70(i)(1)-(5)  - Identifiable Information ident-identifiable information. ot release information that	TAG			DATE
	professional stand facility must maint each resident that (i) Complete; (ii) Accurately doc (iii) Readily acces (iv) Systematically §483.70(i)(2) The confidential all inforesident's records regardless of the the records, excep (i) To the individual representative where the second in the records in the rec	I records. ccordance with accepted lards and practices, the ain medical records on are- umented; sible; and rorganized facility must keep formation contained in the form or storage method of ot when release is-al, or their resident ere permitted by applicable				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

UPBU11 Facility ID: 000077

If continuation sheet

Page 11 of 15

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155157  NAME OF PROVIDER OR SUPPLIER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00  ADDRESS, CITY, STATE, ZIP COD	(X3) DATE SURVEY COMPLETED 04/05/2023				
		E - RICHMOND CARE CENTER	1042 OAK DR RICHMOND, IN 47374					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	(X5) E COMPLETION DATE			
	abuse, neglect, or oversight activities proceedings, law organ donation put or to coroners, medirectors, and to a health or safety as compliance with 4 §483.70(i)(3) The medical record infective destruction, or unservice in the procession of the contain- (i) The period of the contain- (ii) For a minor, 3 reaches legal age §483.70(i)(5) The contain- (i) Sufficient information of the comprehension of the co	state law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law.  In the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not the date of discharge requirement in State law.  In the date of discharge requirement in State law; or not the date of discharge requirement in State law.  In the date of discharge requirement in State law; or not the date of discharge requirement in State law.  In the date of discharge requirement in State law; or not the date of discharge requirement in State law; or not peak the date of dis	F 0842	F 842 E Resident Records-	05/05/2023			

FORM CMS-2567(02-99) Previous Versions Obsolete

Based on interview and record review, the facility

Event ID:

UPBU11 Facility ID: 000077

Identifiable Information

If continuation sheet

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
155157			B. WING		04/05/2023	
NAME OF P	ROVIDER OR SUPPLIER	3		ADDRESS, CITY, STATE, ZIP COD		
			1042 O			
BRICKYA	ARD HEALTHCARE	E - RICHMOND CARE CENTER	RICHM	OND, IN 47374		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY) DA'		
		nplete documentation in the		What corrective actions will	be	
		on administration record		accomplished for those		
	(EMAR), electronic treatment administration record (ETAR), and conduct a readmission			residents found to have been		
				affected by the deficient		
	_	turn from the hospital for 5 of		practice?		
		records reviewed. (Resident B,				
	C, D, E and F)			Resident B : Clinical record wa		
				reviewed for orders to ensure all		
	Findings include:			orders were initiated timely		
	1 The clinical rese	nd fan Daaidant Dawaa naviawad		Resident C No longer resides	at	
	1. The clinical record for Resident B was reviewed on 4/3/23 at 3:20 p.m. The diagnoses included,			the facility	at	
	but were not limited to, spastic hemiplegia		Resident D No longer resides at the facility		al	
	affecting right dominant side, neuromuscular			Resident E : Clinical record was		
	dysfunction of bladder, profound intellectual			reviewed for timely completion of		
	disabilities, hypertension, diabetes mellitus, pain,			assigned assessments.	101	
	spastic diplegic cerebral palsy, and aphasia.			assigned assessments.		
	The EMAR and ETAR for March of 2023 were			How other residents having	the	
	reviewed for Resident B and consisted of 31			potential to be affected by the		
	pages. Out of the 31 pages there were 80 holes for			same deficient practice will be		
	medications and/or treatments.			identified and what correctiv	e	
				action will be taken		
	2a. The clinical record for Resident C was					
	reviewed on 4/3/23 at 4:06 p.m. The diagnoses included, but were not limited to, asthma,			Initial audit: a 24 hour look ba	ck of	
				medication administration has		
	hypertension, congestive heart failure, muscle			been completed to identify		
weakness, dysphagia, neuromuscular dysfunction		residents with missing entries.				
of bladder, malnutrition, and chronic obstructive		Any discrepancies have been				
pulmonary disease.			reviewed and follow up			
	The EMAD and ETAD for Mount of 2002			documentation in the clinical		
	The EMAR and ETAR for March of 2023 were reviewed for Resident C and consisted of 37			record.		
	pages. Out of the 37 pages there were 35 holes for			A 7 day look back of all		
medications and/or treatments.			A 7 day look back of all admissions and readmissions	for		
medications and/or treatments.						
2b. Resident C was hospitalized from 12/26/22 to			completion and documentation assessments in the clinical	11 01		
12/29/22. Upon readmission to the facility there			record. Any discrepancies have	/A		
were no readmission assessments found in the			been reviewed and follow up			
were no readmission assessments found in the		1	1 22211 101101104 up	l l		

clinical record.

documentation in the clinical

STATEMENT OF DEFICIENCE  AND PLAN OF CORRECTION  INTERCATION NUMBER 155157  NAME OF PROVIDER OR SEPPLER  BRICKYARD HEALTHCARE - RICHMOND CARE CENTER  RICHMOND, IN 47374  STEME ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  STEME ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  STEME ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  STEME ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  TAG  STEME ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  TAG  An interview conducted with the Resource Nurse, on 4/4/23 at 11.25 a.m. The diagnoss included, but were not limited, or, cerebal infarction, diabetes mellitus, hypertension, chronic kidney disease, and obstructive and reflux uropathy. The EMAR and ETAR for March of 2023 were reviewed for Resident D and consisted of 40 pages. Our of the 40 pages there were 95 holes for medications and/or treatments.  4. The clinical record for Resident E was reviewed on 4/5/23 at 12.15 p.m. The diagnoses included, but were not limited to, chronic viral hepatits C, venous insufficiency, uphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The emal and ETAR for March of 2023 were reviewed for Resident F was reviewed on 4/4/23 at 14.29 m. The diagnoses included, but were not limited to, chronic viral hepatits C, venous insufficiency, uphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident F was reviewed on 4/4/23 at 14.29 m. The diagnoses included, but were not limited to, chronic viral hepatits C, venous insufficiency, uphasia, presence of eardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident F was reviewed on 4/4/23 at 14.29 m. The diagnose included, but were no	ENTERS FO	ENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039							
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - RICHMOND CARE CENTER  SIRRET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374  SIMMAN STATIMENT OF DIFFERINCE PREPAR  GEACH DEPECENA WIST BE PRECEDED BY PILL TAG  An interview conducted with the Resource Nurse, on 4/4/23 at 11-57 pm., indicated she did not see the readmission assessment for Resident C.  3. The clinical record for Resident D was reviewed on 4/4/23 at 11-55 a.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, speperension, chronic kidney on 4/5/23 at 12-15 pm. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK OR RICHMOND, IN 47374  SUMMARY STATEMENT OF DEFICIENCIE TAG  An interview conducted with the Resource Nurse, on 44/23 at 11:57 p.m., indicated she did not see the readmission assessment for Resident D.  3. The clinical record for Resident D was reviewed on 44/23 at 11:57 p.m., indicated she included, hut were not limited to, cerebral infarction, diabetes mellitus, hypertension, chronic kidney disease, and obstructive and reflux uropathy.  The EMAR and ETAR for March of 2023 were reviewed for 45/23 at 11:215 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 30 pages. Out of the 40 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 40 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 40 pages there were 57 holes for medications and/or treatments.	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00		00	COMP	LETED	
BRICKYARD HEALTHCARE - RICHMOND CARE CENTER  RICHMOND, IN 47374  (X3) ID  SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  An interview conducted with the Resource Nurse, on 44/23 at 11.35 n.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, store with the reviewed for Resident D and consisted of 40 pages. Out of the 40 pages there were 95 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 26 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.			155157	B. W	ING	· · · · · · · · · · · · · · · · · · ·	04/05	5/2023	
BRICKYARD HEALTHCARE - RICHMOND CARE CENTER  RICHMOND, IN 47374  (X3) ID  SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  An interview conducted with the Resource Nurse, on 44/23 at 11.35 n.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, store with the reviewed for Resident D and consisted of 40 pages. Out of the 40 pages there were 95 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 26 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.					CED FEE	ADDRESS STEW STATE STREET			
SUMMARY STATEMENT OF DETICIENCE   PREFIX   CACH DETICIENCE   PREFIX   CACH DETICIENCY MUST BE PRECEDED BY FULL   PREFIX   CACH DETICE MUST BE PRECEDED BY FULL   CACH DETICE MUST BE PRECEDED BY FULL   CACH DETICE MUST BE PRECEDED BY FULL   CACH DETICE MUST BE PRECED BY FULL   CACH DETICE MUST BE PRECEDED BY FULL   CACH DETICE	NAME OF	PROVIDER OR SUPPLIEF	2						
CX4   ID   SUMMARY STATEMENT OF DEFICIENCIE   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION	BRICKY	ARD HEALTHCARE	- RICHMOND CARE CENTER						
PREFIX TAG REGILATORY OR IS CIDENTIFYING INFORMATION An interview conducted with the Resource Nurse, on 4/4/23 at 1:57 p.m., indicated she did not see the readmission assessment for Resident C.  3. The clinical record for Resident D was reviewed on 4/4/23 at 11:35 am. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, chronic kidney disease, and obstructive and reflux uropathy.  The EMAR and ETAR for March of 2023 were reviewed for Resident D and consisted of 40 pages. Out of the 40 pages there were 95 holes for medications and/or treatments.  4. The clinical record for Resident E was reviewed on 4/5/23 at 12:15 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  5. The clinical record for Resident F was reviewed on 4/4/23 at 1/42 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, were reviewed for Resident E and consisted of 36 pages. Out of the 45 pages there were 47 holes for medications and/or treatments.  5. The clinical record for Resident F was reviewed on 4/4/23 at 1/42 p.m. The diagnoses included, but were not limited to, chronic exidence the diagnoses included, but were not limited to, chronic atrial fibrillation, depression, hypertension, hypertipidemia, insomnia, anxiety disorder, and muscle weakness.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages here were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages.	DINIONT	- TEALTHOAIL	- NOTIMOND CARE CENTER		KICITIV				
An interview conducted with the Resource Nurse, on 4/4/23 at 1:57 p.m., indicated she did not see the readmission assessment for Resident C.  3. The clinical record for Resident D was reviewed on 4/4/23 at 11:35 a.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, chronic kidney disease, and obstructive and reflux uropathy.  The EMAR and ETAR for March of 2023 were reviewed for Resident D and consisted of 40 pages. Out of the 40 pages there were 95 holes for medications and/or treatments.  4. The clinical record for Resident E was reviewed on 4/5/23 at 12:15 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  5. The clinical record for Resident F was reviewed on 4/4/23 at 1:42 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, record and treatment administration record and reatment administration record of Assessments upon admission or readmission to the facility.  The EMAR and ETAR for March of 2023 were reviewed for Resident F was reviewed on 4/4/23 at 1:42 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  S. The EMAR and ETAR for March of 2023 w	(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)	
An interview conducted with the Resource Nurse, on 4/4/23 at 1:57 p.m., indicated she did not see the readmission assessment for Resident C.  3. The clinical record for Resident D was reviewed on 4/4/23 at 11:35 a.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, chronic kidney disease, and obstructive and reflux uropathy.  The EMAR and ETAR for March of 2023 were reviewed for Resident D and consisted of 40 pages there were 95 holes for medications and/or treatments.  4. The clinical record for Resident E was reviewed on 4/5/23 at 12:15 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 36 pages there were 47 holes for medications and/or treatments.  5. The clinical record for Resident F was reviewed on 4/4/23 at 11-42 p.m. The diagnoses included, but were not limited to, chronic atrial fibrillation, depression, hypertpipidemia, insomnia, anxiety disorder, and muscle weakness.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.	PREFIX				PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION		
An interview conducted with the Resource Nurse, on 444/23 at 1:57 p.m., indicated she did not see the readmission assessment for Resident C.  3. The clinical record for Resident D was reviewed on 44/23 at 11:35 a.m. The diagnoses included, but were not limited to, cerebral infarction, diabetes mellitus, hypertension, because of the decicion of the 49 pages there were 95 holes for medications and/or treatments.  4. The clinical record for Resident E was reviewed on 44/23 at 12:15 p.m. The diagnoses included, but were not limited to, chronic viral hepatitis C, venous insufficiency, aphasia, presence of cardiac pacemaker, diabetes mellitus, and cerebral infarction.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 36 pages. Out of the 49 pages there were 47 holes for medications and/or treatments.  5. The clinical record for Resident F was reviewed on 44/23 at 1:42 p.m. The diagnoses included, but were not limited to, chronic atrial fibrillation, depression, hyperprision, hyperlipidentia, insomnia, anxiety disorder, and muscle weakness.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.  The EMAR and ETAR for March of 2023 were reviewed for Resident E and consisted of 49 pages. Out of the 49 pages there were 57 holes for medications and/or treatments.	TAG				TAG DEFICIENCY)		DATE		
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An interview conducted with Resource Nurse, on

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

PRINTED: 04/28/2023 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  B. WING		(X3) DATE SURVEY COMPLETED 04/05/2023		
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - RICHMOND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  How the corrective action will		(X5) COMPLETION DATE	
	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  4/4/23 at 1:15 p.m., indicated she had noticed holes in the EMARs and ETARs.  A policy titled "Documentation in Medical Record", dated October of 2022, was provided by the Resource Nurse on 4/5/23 at 10:05 a.m. The policy indicated the following, "Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy3. Principles of documentation include, but are not limited tob. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care"  This Federal deficiency relates to Complaint IN00405188.  3.1-50(a)(1) 3.1-50(a)(2)			be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be p into place  Results of these audits will be brought to QAPI monthly x 6 months to identify trends and the make recommendations. If issues/trends are identified, the will continue audits based on QAPI recommendation. If nor noted, then will complete audit based on a prn basis.	<b>ut</b> to en		

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