

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

PRINTED: 06/07/2022
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 05/20/2022
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00379967.</p> <p>Complaint IN00379967 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 19, & 20 2022</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 4 Medicaid: 39 Other: 8 Total: 51</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 24, 2022</p>	F 0000		
F 0886 SS=E Bldg. 00	<p>483.80 (h)(1)-(6) COVID-19 Testing-Residents & Staff</p> <p>§483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum,</p>			

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

TITLE

(X6) DATE

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>for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p> <p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <ul style="list-style-type: none"> (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. 			

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	<p>§483.80 (h)(4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>Based on interview and record review, the facility failed to complete weekly testing per Centers for Medicare and Medicare Services (CMS) guidance and internal contingency staffing protocol for 5 of 5 staff reviewed for unvaccinated mitigation strategies.</p> <p>Findings include:</p> <p>A Covid-19 Staff Vaccination Status for Providers was provided by the Director of Nursing (DON) on 5/20/2022 at 10:25 a.m. This document indicated STAFF 1, STAFF 2, STAFF 3, STAFF 4, and STAFF 5 were unvaccinated. STAFF 1 had a granted non-medical exemption, STAFF 2 had a pending non-medical exemption, STAFF 3 had a pending non-medical exemption, STAFF 4 had a pending non-medical exemption, and STAFF 5 had been granted a non-medical exemption.</p>	F 0886	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were identified as being affected. Unvaccinated staff identified have been POC tested for Covid-19 and all staff were negative.</p> <p>How other residents having the potential to be affected by the same deficient practiced will be identified and what corrective action will be taken:</p> <p>No residents were affected by the deficient practice. All</p>	06/03/2022

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	<p>Records indicated that since 4/22/2022, STAFF 1 completed point of care Covid-19 antigen testing on 4/26/2022, 5/9/2022, 5/16/2022, and 5/17/2022.</p> <p>Records indicated that since 4/22/2022, STAFF 2 completed point of care Covid-19 antigen testing on 4/26/2022.</p> <p>Records indicated that since 4/22/2022, STAFF 3 had no Covid-19 testing completed.</p> <p>Records indicated that since 4/22/2022, STAFF 4 had no Covid-19 testing completed.</p> <p>Records indicated that since 4/22/2022, STAFF 5 completed point of care Covid-19 antigen testing on 4/26/2022 and 5/19/2022.</p> <p>An interview with the DON on 5/19/2022 at 11:45 a.m., indicated that unvaccinated staff were to test based on the county-transmission rate. Then the county was in low/moderate community transmission rates the unvaccinated staff were to test weekly and when the county was in high/substantial</p> <p>An interview with the DON on 5/20/2022 at 11:15 a.m., indicated that she acquired the testing responsibilities at the facility "about a month ago" due to the infection preventionist nurse resigning.</p> <p>An interview with the DON on 5/20/2022 at 12:45 p.m., indicated there had been a lapse in the Covid-19 testing with unvaccinated staff members and she was unable to produce any further testing.</p> <p>An interview with the DON on 5/20/2022 at 1:05 p.m., indicated county transmissions rated for the</p>		<p>unvaccinated staff have been POC tested for Covid-19 and were negative.</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>Education completed to all unvaccinated employees and contracted staff on Covid-19 testing expectations.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:</p> <p>DNS/Designee will monitor Covid-19 testing on unvaccinated staff compliance twice weekly for 1 month, then weekly for 5 months. Audits will be submitted to QAPI monthly for ensured compliance and review. Modifications to audits may be adjusted based on review and recommendations from QAPI Committee.</p>	

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	<p>week of 4/25/2022 were low, 5/5/2022 were moderate, 5/12/2022 were moderate, and 5/19/2022 were substantial. community transmission rates the unvaccinated staff are to test at least two times a week.</p> <p>A Center for Clinical Standards and Quality/Survey and Certification Group Memorandum published by CMS reference: QSO-20-38-NH with revision dated 9/10/2021, indicated that the minimum testing requirements for unvaccinated staff would be based on country COVID-19 level of community transmission. For counties with a low (blue) community transmission unvaccinated staff were not recommended to be tested routinely, for counties with a moderate (yellow) community transmission unvaccinated staff routine testing was recommended at a minimum requirement of once a week, for counties with substantial (orange) community transmission unvaccinated staff routine testing was recommended at a minimum requirement of twice a week, for counties with a high (red) community transmission unvaccinated staff routine testing was recommended at a minimum requirement of twice a week.</p> <p>A policy entitled, "Contingency staffing policy", revised on 4/18/2022 was provided by the DON on 5/19/2022 at 11:45 a.m. The policy indicated that "...Staff who have not completed their primary COVID-19 series are to follow additional CDC-recommended precautions - will be required to test at a minimum of weekly regardless of whether the facility is in a county with low to moderate community-transmission, in addition to following CDC recommendations for testing unvaccinated staff in facility located in counties with substantial to high community transmission."</p>			