STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155157	A. BUILDING 00 B. WING	04/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - RICHMOND CARE CENTER	1042 OAK DR RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaints IN00373528 and IN00375610. Complaint IN00373528 - Unsubstantiated due to lack of evidence. Complaint IN00375610 - Substantiated. Federal/state deficiencies related to the allegations are cited at F607, F609 and F610. Survey dates: March 31 and April 4, 2022 Facility number: 00077 Provider number: 155157 AIM number: 100266490 Census Bed Type: SNF/NF: 49 Total: 49 Census Payor Type: Medicare: 6 Medicaid: 38 Other: 5 Total: 49 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on April 6, 2022	F 0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed as a means to continuously improve the quality of care and comply with all applicable federal and state requirements. The facility respectfully requests a desk review of our responses to this survey.	
F 0607 SS=D Bldg. 00	483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:			

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

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	§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, Based on interview and record review, the facility failed to implement policies and procedures related to an allegation of verbal and physical abuse. (Residents B, C, D and E) Findings include: 1. The Executive Director (ED) of the facility was notified on 3-31-22 at 2:15 p.m., of Resident B indicating her roommate, Resident C, yelled at her, said rude things regarding Resident B's family and threw items at her, on an unknown, but recent date. The ED indicated he would investigate this issue. In follow-up of this event with the ED on 4-4-22 at 12:35 p.m., he indicated he had not reported the allegation of abuse to Indiana Department of Health, Long Term Care Division, shared with him on 3-31-22 as he "did not take what you said as an allegation of abuse." The ED recalled he had been unable to speak to Resident B privately as she had requested, because she refused to leave her room as she had said she would do for a private conversation and had remained in her room since then. The ED indicated he would immediately look into the situation. On 4-4-22 at 6:00 p.m., the ED provided a copy of the Indiana Department of Health, Long Term Care	F 0607	**What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident B: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident C: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident D: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident E: Clinical record was reviewed and reflect residents current care and psychosocial needs. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?** All residents that reside in the	04/29/2022

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	Division's reportable incident, dated 4-4-22 at 4:19 p.m., indicating Resident B was, "uncomfortable with roommate's language and verbal comments. She states that she is not physically threatened. Investigation is underway." 2. On 4-4-22 at 10:30 a.m., the Director of Nursing provided a copy of documents related to an allegation of physical abuse with Residents D and E. Nursing progress notes indicated on 2-20-22 at 1:02 p.m., a staff nurse observed Resident D appear to pinch Resident E. The facility reported the allegation of abuse to the Indiana Department of Health, Long Term Care Division on 2-21-22 at 3:30 p.m. On 3-31-22 at 10:15 a.m., the Director of Nursing provided a copy of a policy entitled, "Abuse, Neglect and Exploitation, with copyright date of 2021. This policy indicated, "It is the policy of this facility to provide protections for the health and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property...The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property; establish policies and procedures to investigate any such allegations...The identification ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect...An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: Identifying staff responsible for the investigation...Investigating		facility have the potential to be affected by the same alleged action. The facility completed a 30 day look back and all other allegations of abuse that occurred within the past 30 days were reported per guidelines. No other residents were identified as being affected by the alleged event. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?** Facility staff in-serviced on the guideline related to reporting allegations of abuse. ED educated on guideline for timely initiation of an investigation and reporting an allegations of abuse. ED or Designee will conduct a random interview/audit of 5 residents weekly x 4 weeks, then 3 Residents x 4 weeks. The residents will be assessed and interviewed to ensure that any alleged violations are identified, properly investigated and reported according to the guidelines. ED or Designee to review all allegations of abuse to ensure that	

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	different types of alleged violations; Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; Focusing the investigation on determining if the abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and Providing a complete and thorough documentation of the investigation. The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation of abuse or result in bodily injury, or Not less than 24 hours if the events that caused the allegations do not involve abuse and do not result in serious bodily injury." This Federal tag relates to Complaint IN00375610. 3.1-28(a)		incident was reported per facility guidelines. This review will occur with every allegation of abuse x 6 months. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put 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, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	
F 0609 SS=D Bldg. 00	483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later			

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	than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interview and record review, the facility failed to submit a report of an allegation of verbal and physical abuse within two (2) hours of being informed of the allegation of abuse to the State survey agency. (Residents B, C, D and E) Findings include: 1. The Executive Director (ED) of the facility was notified on 3-31-22 at 2:15 p.m., of Resident B indicating her roommate, Resident C, yelled at her, said rude things regarding Resident B's family and threw items at her, on an unknown, but recent date. The ED indicated he would investigate this issue. In follow-up of this event with the ED on 4-4-22 at 12:35 p.m., he indicated he had not yet reported the allegation of abuse to Indiana Department of Health, Long Term Care Division shared with him on 3-31-22 as he "did not take what you said as an allegation of abuse." The ED recalled he had been	F 0609	**What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident B: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident C: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident D: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident E: Clinical record was reviewed and reflect residents current care and psychosocial needs.	04/29/2022

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	unable to speak to Resident B privately as she had requested, because she refused to leave her room as she had said she would do for a private conversation and had remained in her room since then. The ED indicated he would immediately look into the situation. On 4-4-22 at 6:00 p.m., the ED provided a copy of the Indiana Department of Health, Long Term Care Division's reportable incident, dated 4-4-22 at 4:19 p.m., indicating Resident B was, "uncomfortable with roommate's language and verbal comments. She states that she is not physically threatened. Investigation is underway." 2. On 4-4-22 at 10:30 a.m., the Director of Nursing provided a copy of documents related to an allegation of physical abuse with Residents D and E. Nursing progress notes indicated on 2-20-22 at 1:02 p.m., a staff nurse observed Resident D appear to pinch Resident E. The facility reported the allegation of abuse to the Indiana Department of Health, Long Term Care Division on 2-21-22 at 3:30 p.m. On 3-31-22 at 10:15 a.m., the Director of Nursing provided a copy of a policy entitled, "Abuse, Neglect and Exploitation, with copyright date of 2021. This policy indicated, "It is the policy of this facility to provide protections for the health and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property...The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property; establish policies and procedures to investigate any such allegations...The identification ongoing		**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?** All residents that reside in the facility have the potential to be affected by the same alleged action. The facility completed a 30 day look back and all other allegations of abuse that occurred within the past 30 days were reported per guidelines. No other residents were identified as being affected by the alleged event. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?** Facility staff in-serviced on the guideline related to reporting allegations of abuse. ED educated on guideline for timely initiation of an investigation and reporting an allegations of abuse. ED or Designee will conduct a random interview/audit of 5 residents weekly x 4 weeks, then 3 Residents x 4 weeks. The	

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	assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect...An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: Identifying staff responsible for the investigation...Investigating different types of alleged violations; Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; Focusing the investigation on determining if the abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and Providing a complete and thorough documentation of the investigation. The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation of abuse or result in bodily injury, or Not less than 24 hours if the events that caused the allegations do not involve abuse and do not result in serious bodily injury." This Federal tag relates to Complaint IN00375610. 3.1-28(c)		residents will be assessed and interviewed to ensure that any alleged violations are identified, properly investigated and reported according to the guidelines. ED or Designee to review all allegations of abuse to ensure that incident was reported per facility guidelines. This review will occur with every allegation of abuse x 6 months. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put 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, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	
F 0610 SS=D Bldg. 00	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:			

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	§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interview and record review, the facility failed to promptly investigate an allegation of verbal and physical abuse and to report the allegations of abuse within two (2) hours of learning of the allegations of abuse. (Residents B,C, D and E) Findings include: 1. The Executive Director (ED) of the facility was notified on 3-31-22 at 2:15 p.m., of Resident B indicating her roommate, Resident C, yelled at her, said rude things regarding Resident B's family and threw items at her, on an unknown, but recent, date. The ED indicated he would investigate this issue. In a follow-up of this event with the ED on 4-4-22 at 12:35 p.m., he indicated he had not yet reported the allegation of abuse to Indiana Department of Health, Long Term Care Division, shared with him on 3-31-22 as he "did not take what you said as an allegation of abuse." The ED recalled he had been unable to speak to Resident B privately as she had requested, because she refused to leave her	F 0610	**What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Resident B: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident C: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident D: Clinical record was reviewed and reflect residents current care and psychosocial needs. Resident E: Clinical record was reviewed and reflect residents current care and psychosocial needs. **How other residents having the potential to be affected by the**	04/29/2022

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	room as she had said she would do for a private conversation and had remained in her room since then. The ED indicated he would immediately look into the situation. On 4-4-22 at 6:00 p.m., the ED provided a copy of the Indiana Department of Health, Long Term Care Division's reportable incident, dated 4-4-22 at 4:19 p.m., indicating Resident B was, "uncomfortable with roommate's language and verbal comments. She states that she is not physically threatened. Investigation is underway." 2. On 4-4-22 at 10:30 a.m., the Director of Nursing provided a copy of documents related to an allegation of physical abuse with Residents D and E. Nursing progress notes indicated on 2-20-22 at 1:02 p.m., a staff nurse observed Resident D appear to pinch Resident E. The facility reported the allegation of abuse to the Indiana Department of Health, Long Term Care Division on 2-21-22 at 3:30 p.m. On 3-31-22 at 10:15 a.m., the Director of Nursing provided a copy of a policy entitled, "Abuse, Neglect and Exploitation, with copyright date of 2021. This policy indicated, "It is the policy of this facility to provide protections for the health and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property...The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property; establish policies and procedures to investigate any such allegations...The identification ongoing assessment, care planning for appropriate interventions, and monitoring of residents with		**same deficient practice will be identified and what corrective action will be taken?** All residents that reside in the facility have the potential to be affected by the same alleged action. The facility completed a 30 day look back and all other allegations of abuse that occurred within the past 30 days were reported per guidelines. No other residents were identified as being affected by the alleged event. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?** Facility staff in-serviced on the guideline related to reporting allegations of abuse. ED educated on guideline for timely initiation of an investigation and reporting an allegations of abuse. ED or Designee will conduct a random interview/audit of 5 residents weekly x 4 weeks, then 3 Residents x 4 weeks. The residents will be assessed and interviewed to ensure that any alleged violations are identified,	

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	needs and behaviors which might lead to conflict or neglect...An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: Identifying staff responsible for the investigation...Investigating different types of alleged violations; Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; Focusing the investigation on determining if the abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and Providing a complete and thorough documentation of the investigation. The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation of abuse or result in bodily injury, or Not less than 24 hours if the events that caused the allegations do not involve abuse and do not result in serious bodily injury." This Federal tag relates to Complaint IN00375610. 3.1-28(d)		properly investigated and reported according to the guidelines. ED or Designee to review all allegations of abuse to ensure that incident was reported per facility guidelines. This review will occur with every allegation of abuse x 6 months. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put 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, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.	