STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		155157	B. WING 04/04/202			2022	
				STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER			1042 O			
BRICKYA	ARD HEALTHCARE	- RICHMOND CARE CENTER			OND, IN 47374		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
F 0000							
Bldg. 00							
		e Investigation of Complaints	F 00	000	Preparation, submission and		
	IN00373528 and IN	100375610.			implementation of this Plan of		
					Correction does not constitute		
		528 - Unsubstantiated due to			admission or agreement with t		
	lack of evidence.				facts and conclusions set forth	on	
					the survey report. Our Plan of		
	-	6610 - Substantiated.			Correction was prepared and		
	Federal/state deficie				executed as a means to		
	allegations are cited	at F607, F609 and F610.			continuously improve the qual	ity of	
	G 1. M	1 21 14 14 2022			care and comply with all		
	Survey dates: Marc	ch 31 and April 4, 2022			applicable federal and state		
	E:1:41 00	0077			requirements.		
	Facility number: 00 Provider number: 1				The feetiles are a 46 discussions	4	
					The facility respectfully reques		
	AIM number: 1002	.00490			desk review of our responses	ιο	
	Census Bed Type:				this survey.		
	SNF/NF: 49						
	Total: 49						
	10tai. 4)						
	Census Payor Type:						
	Medicare: 6	•					
	Medicaid: 38						
	Other: 5						
	Total: 49						
	These deficiencies r	reflect State Findings cited in					
	accordance with 410	_					
	Quality review com	pleted on April 6, 2022					
F 0607	483.12(b)(1)-(3)						
SS=D		nt Abuse/Neglect Policies					
Bldg. 00	- , ,	cility must develop and					
		policies and procedures					
	that:						

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

TITLE

(X6) DATE

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 X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155157	B. W	ING		04/04	/2022
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF 1	PROVIDER OR SUPPLIE	R			OAK DR		
BRICKY	ARD HEAI THCARI	E - RICHMOND CARE CENTER			IOND, IN 47374		
DICIOICIA		- THOMMOND OF THE GENTLE		TAIOTIIV			
(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	·ΤΕ	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		phibit and prevent abuse,					
		oitation of residents and					
	misappropriation	of resident property,					
		ablish policies and					
	1 3	estigate any such					
	allegations, and						
	0.400.40(1.)(0).1						
	. , , ,	lude training as required at					
	paragraph §483.9		Ε 0.	CO.7	M/I - 4 4 4	L .	0.4/20/2022
		and record review, the facility	F 00	50 /	What corrective actions will	be	04/29/2022
	_	t policies and procedures tion of verbal and physical			accomplished for those residents found to have been	_	
	abuse. (Residents	* ·				11	
	abuse. (Residents	B, C, D and E)			affected by the deficient practice?		
	Findings include:				practice:		
	i manigs metade.				Resident B: Clinical record wa	16	
	1 The Executive I	Director (ED) of the facility was			reviewed and reflect residents		
		2 at 2:15 p.m., of Resident B			current care and psychosocia		
		mate, Resident C, yelled at her,			needs.	1	
	_	garding Resident B's family and			Resident C: Clinical record wa	as	
		on an unknown, but recent			reviewed and reflect residents		
		cated he would investigate this			current care and psychosocia		
	issue.	S			needs.		
					Resident D: Clinical record wa	as	
	In follow-up of this	s event with the ED on 4-4-22 at			reviewed and reflect residents	;	
	12:35 p.m., he indi	cated he had not reported the			current care and psychosocia	i	
	allegation of abuse	to Indiana Department of			needs.		
	Health, Long Term	Care Division, shared with him			Resident E: Clinical record wa	is	
	on 3-31-22 as he "d	lid not take what you said as an			reviewed and reflect residents	;	
	allegation of abuse	." The ED recalled he had been			current care and psychosocia	l	
	unable to speak to	Resident B privately as she			needs.		
	had requested, beca	ause she refused to leave her					
	room as she had sa	id she would do for a private			How other residents having	the	
		ad remained in her room since			potential to be affected by the	ie	
		cated he would immediately			same deficient practice will I		
	look into the situat	ion.			identified and what corrective	'e	
					action will be taken?		
	_	o.m., the ED provided a copy of					
	the Indiana Departs	ment of Health, Long Term Care			All residents that reside in the		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u> COMPI			ETED	
		155157	B. WII	NG		04/04/	2022
		l .	<u> </u>	CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	2		1042 O			
BDICKV/	ADD HEVI THOVDE	- RICHMOND CARE CENTER			OND, IN 47374		
DIVICITY	AND HEALTHOAKE	- MOI WOND CARE CENTER		TAIOI IIVI	OND, IN 47 57 4		
(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	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	e incident, dated 4-4-22 at 4:19			facility have the potential to be)	
	-	sident B was, "uncomfortable			affected by the same alleged		
		nguage and verbal comments.			action.		
		s not physically threatened.					
	Investigation is und	lerway."			The facility completed a 30 da	-	
					look back and all other allegat	ions	
		30 a.m., the Director of Nursing			of abuse that occurred within t	the	
		documents related to an			past 30 days were reported pe		
		al abuse with Residents D and			guidelines. No other residents		
	0.0	s notes indicated on 2-20-22 at			were identified as being affect	ed	
	-	irse observed Resident D			by the alleged event.		
	* * *	sident E. The facility reported					
	_	use to the Indiana Department					
		rm Care Division on 2-21-22 at			What measures will be put in	ito	
	3:30 p.m.				place and what systemic		
					changes will be made to		
		5 a.m., the Director of Nursing			ensure that the deficient		
		a policy entitled, "Abuse,			practice does not recur?		
		tation, with copyright date of					
		ndicated, "It is the policy of			Facility staff in-serviced on the	•	
		ide protections for the health			guideline related to reporting		
		esident by developing and			allegations of abuse.		
		en policies and procedures that					
		t abuse, neglect, exploitation			ED educated on guideline for		
		on of resident propertyThe			timely initiation of an investiga		
		and implement written policies			and reporting an allegations of	f	
	-	prohibit and prevent abuse,			abuse.		
		ation and misappropriation of					
		stablish policies and			ED or Designee will conduct a	1	
	procedures to inves	- ·			random interview/audit of 5		
		entification ongoing			residents weekly x 4 weeks, th	nen	
	-	anning for appropriate			3 Residents x 4 weeks. The	.	
	· ·	nonitoring of residents with			residents will be assessed and		
		s which might lead to conflict			interviewed to ensure that any		
		nediate investigation is			alleged violations are identified		
		spicion of abuse, neglect or			properly investigated and repo	опеа	
		orts of abuse, neglect or			according to the guidelines.		
	•	Written procedures for					
	-	de: Identifying staff			ED or Designee to review all		
	responsible for the investigationInvestigating				allegations of abuse to ensure	that	

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Event ID:

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Facility ID: 000077

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CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES				OM	B NO. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157	i '	LDING	onstruction 00	(X3) DATE : COMPL 04/04/	ETED
	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 LSC IDENTIFYING INFORMATION	P	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	and interviewing all the alleged victim, a and others who mig allegations; Focusir determining if the a and/or mistreatment	leged violations; Identifying I involved persons, including alleged perpetrator, witnesses, ht have knowledge of the ag the investigation on buse, neglect, exploitation, thas occurred, the extent, and g a complete and thorough			incident was reported per facil guidelines. This review will or with every allegation of abuse months. How the corrective action wibe monitored to ensure the deficient practice will not	x 6	
	documentation of the will have written pr Reporting of all alle Administrator, state	g a complete and thorough the investigation. The facility occdures that include: eged violations to the agency, adult protective ther required agencies (e.g.,			recur, i.e., what quality assurance program will be p into place? Results of these audits will be		
	law enforcement what timeframes: Immed hours after the allegath that cause the allegath bodily injury, or Not events that caused to	nen applicable) within specified diately, but not later than 2 sation is made, if the events ation of abuse or result in the tless than 24 hours if the sult in serious bodily injury."			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 audits	to en ne	
	This Federal tag rel 3.1-28(a)	ates to Complaint IN00375610.			based on a prn basis.		
F 0609 SS=D Bldg. 00	483.12(c)(1)(4) Reporting of Alleg §483.12(c) In resp	ed Violations conse to allegations of aploitation, or mistreatment,					
	violations involving exploitation or mis injuries of unknow misappropriation of reported immediat hours after the alle	treatment, including					

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or result in serious bodily injury, or not later

Event ID:

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PRINTED: 04/22/2022 FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES			OM	IB NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPI	LETED
		155157	B. WING		04/04/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF	PROVIDER OR SUPPLIER	X	1042 C	OAK DR		
BRICKY	ARD HEALTHCARE	E - RICHMOND CARE CENTER	RICHM	1OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	+	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
		ne events that cause the				
	_	involve abuse and do not				
		odily injury, to the				
		ne facility and to other				
	, -	to the State Survey				
		protective services where				
		s for jurisdiction in long-term				
	1	accordance with State law				
	through establishe	ed procedures.				
	8483 12(c)(4) Rer	port the results of all				
	- ',','	he administrator or his or				
	_	presentative and to other				
	_	ance with State law,				
		tate Survey Agency, within				
	_	the incident, and if the				
	1	s verified appropriate				
	corrective action r	must be taken.				
	Based on interview	and record review, the facility	F 0609	What corrective actions will	be	04/29/2022
	failed to submit a re	eport of an allegation of verbal		accomplished for those		
	and physical abuse	within two (2) hours of being		residents found to have been	n	
		egation of abuse to the State		affected by the deficient		
	survey agency. (Re	esidents B, C, D and E)		practice?		
	Findings include:			Resident B: Clinical record wa	ıs	
				reviewed and reflect residents	;	
		Director (ED) of the facility was		current care and psychosocial		
		2 at 2:15 p.m., of Resident B		needs.		
		nmate, Resident C, yelled at her,		Resident C: Clinical record wa		
	1	garding Resident B's family and		reviewed and reflect residents		
	· ·	on an unknown, but recent		current care and psychosocial		
		eated he would investigate this		needs.		
	issue.			Resident D: Clinical record wa		
	In fallow f.1.	arount with the ED 4.4.22		reviewed and reflect residents		
	^	s event with the ED on 4-4-22 at		current care and psychosocial	l	
	*	cated he had not yet reported use to Indiana Department of		needs. Resident E: Clinical record wa		
		Care Division shared with him		reviewed and reflect residents		
	I Treatin, Long Telli	Care Division shalla with hill	Ī	Lickiewen and relient residelits)	Ī

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Event ID:

on 3-31-22 as he "did not take what you said as an

allegation of abuse." The ED recalled he had been

Z9YF11

Facility ID: 000077

needs.

current care and psychosocial

If continuation sheet

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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCE (X5) ID SUMMARY STATEMENT OF DEFICIENCE (X6) ID RICHMOND, IN 47374 IN A TO IT RICHMOND, IN A 7374 IN A TO IT RICHMOND, IN A TO IT RICHMOND, IN A	i i		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE					
NAME OF PROVIDER OR SUPPLIER BRICKY ARD HEALTHCARE - RICHMOND CARE CENTER (X4) ID SIMMARY STATIMENT OF DEFICINCE (IACLI DEFICENCY MIST BE PRECIDED BY BILL TAG 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, dard 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 a policy entitled. "Abuse, Neglect and Exploitation, with copyright date of 2021. This policy indicated," It is the policy and implement my written policies and procedures that prohibit and prevent abuse, neglect, and 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 for selection property. The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of selection and misappropriation of select	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU				
ANAME OF PROVIDER OR SCIPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER CAS D			155157	B. WI	NG		04/04/20	22
BRICKYARD HEALTHCARE - RICHMOND CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (RACH DEFICIENCY MUST BE PRECEDED BY FUIL TAG REGULATORY OLE SUE DETIVETIVE BY FULL TAG REGULATORY OLE SUE DETIVE BY FULL TAG REGULATORY OLE SUE SUE SUE SUE SUE SUE SUE SUE SUE SU	NAME OF T	ADOLUDED OF CURRY TO		•	STREET A	ADDRESS, CITY, STATE, ZIP COD	1	
ID PREFIX CALL DEFICIENCY MIST BE PRECEDED BY FILL TAG COMMERTION COMME	NAME OF P	'KOVIDER OR SUPPLIER	C .		1042 O	AK DR		
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION mable 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 2-02-22 at 1:92 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, and 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.—The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and 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.—The facility will develop and implement writt	BRICKYA	ARD HEALTHCARE	- RICHMOND CARE CENTER	_	RICHM	OND, IN 47374	<u>. </u>	
All residents that the facility have the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? 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 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 and what corrective action will be taken? All residents that reside in the facility have the potential to be affected by the same alleged 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. 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. The facility completed a 30 day look back and all other allegations of aduse 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 educated on guideline for timely initiation of an investigation and reporting an allegations of abuse.						PROVIDER'S PLAN OF CORRECTION		
unable to speak to Resident B privately as she had requested, because she refused to leave her room as she had said she would off or 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 murse 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. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? What measures 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. What measures 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.		`				(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE C	
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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." 1. 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 2-02-22 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. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? What measures 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 misappropriation of resident propertyThe facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of sident propertyThe facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of		-				l		
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Z9YF11

Facility ID: 000077

If continuation sheet Page 6 of 10

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155157		(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 04/04/2022
	ROVIDER OR SUPPLIER ARD HEALTHCARE - RICHMOND CARE CENTER	1042 O	ADDRESS, CITY, STATE, ZIP COD AK DR OND, 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 APPROPRIAL DEFICIENCY)	(X5) COMPLETION DATE
	assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglectAn 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 investigationInvestigating 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.		residents will be assessed and interviewed to ensure that any alleged violations are identified properly investigated and report according to the guidelines. ED or Designee to review all allegations of abuse to ensure incident was reported per facilinguidelines. This review will on with every allegation of abuse months. How the corrective action with the emonitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be printo 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.	that ity cour x 6
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:			

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

Event ID:

Z9YF11

Facility ID: 000077

If continuation sheet

Page 7 of 10

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETE				LETED
		155157	B. WI	NG _		04/04	/2022
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	R		1042 O			
BRICKY	ARD HEALTHCARE	E - RICHMOND CARE CENTER			OND, IN 47374		
DICIONIA				1 1101 1101	T		ı
(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	TE.	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
	. , , , ,	ve evidence that all alleged					
	violations are thor	oughly investigated.					
	0.400.407.707.5						
	. , , , ,	vent further potential abuse,					
		on, or mistreatment while					
	the investigation is	s in progress.					
	8/18/3 12/a\//\\ Par	port the results of all					
		he administrator or his or					
		presentative and to other					
		ance with State law,					
		tate Survey Agency, within					
	_	the incident, and if the					
		s verified appropriate					
	corrective action r						
	Based on interview	and record review, the facility	F 06	510	What corrective actions will	be	04/29/2022
	failed to promptly i	nvestigate an allegation of			accomplished for those		
	verbal and physical	abuse and to report the			residents found to have been	n	
	allegations of abuse	e within two (2) hours of			affected by the deficient		
	learning of the alleg	gations of abuse. (Residents			practice?		
	B,C, D and E)						
					Resident B: Clinical record wa	ıs	
	Findings include:				reviewed and reflect residents		
					current care and psychosocial		
		Director (ED) of the facility was			needs.		
		at 2:15 p.m., of Resident B			Resident C: Clinical record wa		
	_	nmate, Resident C, yelled at her,			reviewed and reflect residents		
	1	garding Resident B's family and			current care and psychosocial		
		on an unknown, but recent,			needs.		
		eated he would investigate this			Resident D: Clinical record wa		
	issue.				reviewed and reflect residents		
	In a fallow we after	is event with the ED on 4.4.22			current care and psychosocial		
	1	dis event with the ED on 4-4-22 dicated he had not yet reported			needs. Resident E: Clinical record wa	10	
	_	use to Indiana Department of			reviewed and reflect residents		
	I -	Care Division, shared with him					
	_	lid not take what you said as an			current care and psychosocial needs.		
		" The ED recalled he had been			niceus.		
	_	Resident B privately as she			How other residents having	tho	
		nuse she refused to leave her			potential to be affected by th		

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Event ID:

Z9YF11 Facility ID: 000077

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		00	COMPLETED	
		155157	B. WING			04/04/2022	
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	t .		1042 O			
BRICKY	ARD HEALTHCARE	- RICHMOND CARE CENTER			OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	Ī	ID	<u> </u>	I	(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
		d she would do for a private			same deficient practice will b	ре	
	conversation and ha	ad remained in her room since			identified and what correctiv	e	
	then. The ED indic	ated he would immediately			action will be taken?		
	look into the situation	on.					
					All residents that reside in the		
	_	.m., the ED provided a copy of			facility have the potential to be	•	
	•	nent of Health, Long Term Care			affected by the same alleged		
	_	e incident, dated 4-4-22 at 4:19			action.		
		sident B was, "uncomfortable					
		nguage and verbal comments.			The facility completed a 30 da	•	
		s not physically threatened.			look back and all other allegat		
	Investigation is und	erway."			of abuse that occurred within t	I	
					past 30 days were reported pe		
		30 a.m., the Director of Nursing			guidelines. No other residents		
		documents related to an			were identified as being affect	ed	
		al abuse with Residents D and			by the alleged event.		
		s notes indicated on 2-20-22 at					
	-	urse observed Resident D					
		sident E. The facility reported			What measures will be put in	ito	
		use to the Indiana Department			place and what systemic		
		rm Care Division on 2-21-22 at			changes will be made to		
	3:30 p.m.				ensure that the deficient		
	On 3-31-22 at 10-14	5 a.m., the Director of Nursing			practice does not recur?		
		a policy entitled, "Abuse,			Facility staff in-serviced on the	,	
		tation, with copyright date of			guideline related to reporting	<i>'</i>	
		ndicated, "It is the policy of			allegations of abuse.		
		de protections for the health			anogations of abuse.		
		esident by developing and			ED educated on guideline for		
	_	en policies and procedures that			timely initiation of an investiga	tion	
		t abuse, neglect, exploitation			and reporting an allegations of		
		on of resident propertyThe			abuse.	.	
		and implement written policies					
		prohibit and prevent abuse,			ED or Designee will conduct a		
	-	ation and misappropriation of			random interview/audit of 5		
		stablish policies and			residents weekly x 4 weeks, th	nen I	
	procedures to inves	•			3 Residents x 4 weeks. The		
	•	entification ongoing			residents will be assessed and	l b	
		anning for appropriate			interviewed to ensure that any		
	-	nonitoring of residents with			alleged violations are identified		

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

PRINTED: 04/22/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		155157	B. WING		04/04/2022	
		<u> </u>				
NAME OF F	PROVIDER OR SUPPLIEF	₹		ADDRESS, CITY, STATE, ZIP COD		
				DAK DR		
BRICKY	ARD HEALTHCARE	E - RICHMOND CARE CENTER	RICHN	MOND, 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 APPROPR	IATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	needs and behavior	s which might lead to conflict		properly investigated and rep	orted	
	or neglectAn imn	nediate investigation is		according to the guidelines.		
	warranted when sus	spicion of abuse, neglect or				
	exploitation, or repo	orts of abuse, neglect or		ED or Designee to review all		
	exploitation occur.	Written procedures for		allegations of abuse to ensur		
	investigations inclu	ide: Identifying staff		incident was reported per fac		
	responsible for the	investigationInvestigating		guidelines. This review will of	-	
		lleged violations; Identifying		with every allegation of abus		
		l involved persons, including		months.		
	_	alleged perpetrator, witnesses,				
		ght have knowledge of the		How the corrective action v	vill	
		ng the investigation on		be monitored to ensure the		
	1 -	buse, neglect, exploitation,		deficient practice will not		
	_	t has occurred, the extent, and		recur, i.e., what quality		
	cause; and Providin	ng a complete and thorough		assurance program will be	put	
		he investigation. The facility		into place?	-	
		rocedures that include:		· ·		
	_	eged violations to the		Results of these audits will b	е	
		e agency, adult protective		brought to QAPI monthly x 6		
		other required agencies (e.g.,		months to identify trends and		
		hen applicable) within specified		make recommendations. If		
		diately, but not later than 2		issues/trends are identified, t	then	
		gation is made, if the events		will continue audits based or		
	_	ation of abuse or result in		QAPI recommendation. If no		
		ot less than 24 hours if the		noted, then will complete aud		
		the allegations do not involve		based on a prn basis.		
		sult in serious bodily injury."		<u>'</u>		
	This Federal tag rel	ates to Complaint IN00375610.				
	3.1-28(d)					

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