

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Brickyard Healthcare - Brookview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7145 E 21st Street Indianapolis, IN 46219	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>36942</p> <p>Based on interview and record review, the facility failed to ensure follow up to a resident that was unable to be located in the facility during the night for 1 of 4 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 6/4/24 at 1:28 p.m. The diagnoses included, but were not limited to, hypertension, muscle weakness, alcohol abuse, and diabetes mellitus.</p> <p>A significant change minimum data set (MDS) assessment, dated 3/28/24, indicated Resident B was cognitively intact, utilized a wheelchair, received daily injections of insulin, administration of a diuretic, administration of a hypoglycemic medication, and administration of an opioid medication.</p> <p>A release of responsibility for therapeutic home visits form, dated for March, April, and May of 2024, indicated Resident B signed out of the facility on a leave of absence for 9 days in March, 7 days in April, and one day in May. There were no leave of absence forms for Resident B dated June of 2024.</p> <p>A progress note, dated 6/2/24 at 10:42 p.m., indicated Resident B left the facility and would not be redirected per policy or sign out that he was taking a leave of absence.</p> <p>A progress note, dated 6/2/24 at 11:37 p.m., indicated Resident B returned to the facility.</p> <p>A progress note, dated 6/3/24 at 10:30 p.m., indicated the following, . Resident B was not in his room when writer did rounds to check residents. Per CNA [certified nursing aide] resident was not here since Sunday [6/2/24]. Writer checked the sign in/out book and no sign out under the resident's name .</p> <p>There was no indication that staff knew of Resident B's whereabouts as to when he left the facility, if medications were retrieved for Resident B to take while he was out of the facility, and where Resident B was in case of any emergency.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted with Resident B, on 6/4/24 at 11:10 a.m., indicated he was in the process of moving to a different facility. He indicated he was allowed to have a certain number of days out of the year to utilize as a leave of absence. He would let the facility staff know when he was planning to take a leave of absence. He would sign in and out of the leave of absence book. He commented on how he left the facility last night but did not have any medications to take while he was on a leave of absence. He was planning to return to the facility sometime on 6/4/24.</p> <p>An interview conducted with the Director of Nursing (DON), on 6/4/24 at 11:29 a.m., indicated she was concerned when she read the progress note about staff not being able to find Resident B in his room. She was concerned about where he could be regarding his medications, care for himself, etc. Resident B does like to go on a leave of absence quite often and it's not uncommon for him to do so.</p> <p>An interview conducted with the DON, on 6/4/24 at 2:58 p.m., indicated the receptionist did see the resident leave the facility on 6/3/24 in the evening time. The receptionist did not let the staff know Resident B had left and she was educated about the policy and procedure for when a resident leaves the facility.</p> <p>A policy titled Therapeutic Leave, undated, was provided by the DON on 6/4/24 at 2:54 p.m. The policy indicated the following, .2. The facility will coordinate with the resident and/or representative the length of time the resident will be gone to ensure that adequate amounts and appropriate medication is ready for administration while on the leave .4. The facility will document in the medical record the resident's leave of absence and any education given to the resident and/or representative prior to the leave .6. If a resident has not returned from therapeutic leave as expected, the facility will attempt to contact the resident and resident representative and document attempts in the medical record</p> <p>3.1-45(a)(2)</p>		