STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155076	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brookview Care Center	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, the facility failed to ensure a resident with a gastrostomy (feeding) tube received flushes per the physician's orders for 1 of 3 residents reviewed for feeding tubes. (Resident D)Findings include:The clinical record for Resident D was reviewed on 8/27/25 at 3:10 p.m. The diagnoses included, but were not limited to, muscle weakness, dysphagia, diabetes mellitus, and gastrostomy status. A Quarterly Minimum Data Set (MDS) assessment, dated 6/27/25, indicated Resident D had a feeding tube and received greater than 51% of their nutrition via the feeding tube. A care plan for tube feeding, initiated 4/14/25, indicated Resident D required tube feeding related to dysphagia. The interventions included, but were not limited to, see physician orders for current feeding orders and indicated Resident D was dependent with receiving tube feeding and water flushes. A current physician's order, dated 6/23/25, indicated the use of tube feeding to run at 65 milliliters (mLs) per hour and water flushes of 50 mL per hour. An observation was conducted of Resident D, on 8/27/25 at 1:50 p.m., with Registered Nurse (RN) 2. RN 2 pushed a button on the feeding pump to display the amount of water flushes Resident D was receiving. The pump was set to administer 60 mL per hour of water flushes and was confirmed by RN 2. An observation was conducted of Resident D, on 8/27/25 at 4:13 p.m., with Nurse 3. Nurse 3 pushed a button of the feeding pump to display the amount of water flushes Resident D was receiving. The pump was set to administer 60 mL per hour of water flushes and was confirmed by Nurse 3. A policy entitled Care and Treatment of Feeding Tubes, revised August 2024, was provided by the Director of Nursing on 8/27/25 at 5:00 p.m. The policy indicated feeding tubes would be utilized according to physician orders and direction for staff to provide care to the feeding tube that included, but were not limited to, frequency of and volume for flushing. This citation is related to Intake 2572707. 3.1-46(a)(2)

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