STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brandywine Care Center	745 N Swope St Greenfield, IN 46140

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to file a grievance for a resident expressed concerns about not getting timely assistance with toileting for 1 of 1 resident reviewed for grievances (Resident F). Findings include:During an interview with the Social Service Director (SSD) on 3/12/26 at 11:28 a.m., the SSD indicated she did not file a grievance for Resident F when the resident expressed care concerns during a care plan meeting on 2/26/26. The SSD was unsure if nursing had done anything for the resident, because Unit Manager 1 was also present during the care plan meeting. During an interview with Unit Manager 1 on 3/12/26 at 11:32 a.m., the Unit Manager indicated she did not file a grievance for Resident F after the resident expressed concerns in her care plan meeting on 2/26/26 about not getting timely assistance with her toileting needs. Review of the clinical record of Resident F, on 3/13/26 at 1:25 p.m., indicated the resident's diagnoses included, but were not limited to, fracture of sacrum (bone at the base of the spine), muscle weakness, fracture of the right rib and reduced mobility. The admission Minimum Data Set (MDS) assessment for Resident F, dated 2/25/26, indicated the resident was cognitively intact for daily decision making. The resident was consistent and reasonable. The resident was dependent on staff for toileting. The care plan meeting for Resident F, dated 2/26/25 at 11:47 a.m., indicated the resident had concerns with getting assistance to use the bathroom, the resident indicated it took an hour for staff to assist her to use the restroom. During an interview with the Regional Director Of Clinical Operations on 3/16/26 at 1:10 p.m., indicated it was the responsibility of all the staff present during Resident F's care plan meeting on 2/26/26 to file a grievance for the resident after she expressed care concerns with timely assistance. The Regional Director Of Clinical Operations indicated any staff member could fill out a grievance form for residents. The grievance policy provided by the Executive Director on 3/16/26 at 8:53 a.m., indicated the facility would support each resident and family member to voice grievances without discrimination, reprisal, or fear of discrimination. The facility would acknowledge a complaint/grievance and actively work toward a solution of the complaint/grievance. A resident may voice grievances with respect to care and treatment which had been furnished as well as that which had not been furnished. The staff member receiving the grievance would record the nature and specifics of the grievance on the designated grievance form, take any immediate action needed to prevent further potential violations. All staff involved in the grievance investigation or resolution should make prompt efforts toward a resolution. The written decision would include at a minimum the date the grievance was received, steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns and any corrective action taken or to be taken by the facility as a result of the grievance. This citation relates to intake 2795030. 410 IAC (Indiana Administrative Code) 3.1-7(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155120	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brandywine Care Center	745 N Swope St Greenfield, IN 46140

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to follow the provider's ordered wound care for a resident's wound care treatment for 1 of 4 resident reviewed for Quality of Care. (Resident E) Findings include:The clinical record for Resident E was reviewed on 3/12/26 at 9:33 a.m. His diagnoses included, but were not limited to, diabetes, hypertension, and lymphedema (abnormal accumulation of protein-rich fluid in soft tissues, resulting in swelling, usually in the arms or legs). The wound care provider note, dated 10/21/25, indicated the treatment plan for the non-pressure chronic ulcer to Resident E's left perineum was to cleanse the area with sterile water and the peri-wound (area of skin surrounding a wound, essential for healing by serving as a protective barrier) area with soap and water. The peri-wound skin treatment was SurePrep (water-base, non-stinging polymer barrier film used in medical settings to protect intact or damaged skin from friction, bodily fluids and adhesive stripping) protective wipes. The primary dressing was Hydrofera Blue Ready (a non-cytotoxic, antibacterial foam dressing). The secondary dressing was Allevyn Gentle Border (a advanced wound care dressing, specifically a type of hydrocellular sillicone gel adhesive foam dressing). The treatment was to be done three times per week for one week. The treatment at the wound care center was the first of the three treatments. The ulcer was not debrided. The progress note, dated 10/21/25, indicated Resident E returned from the wound clinic with updated wound orders. The medication administration record (MAR) was updated with the new orders. His next appointment was the following Tuesday on 10/28/25. The wound care provider note, dated 10/28/25, indicated the resident's non-pressure chronic ulcer to his left perineum was debrided. The treatment plan for the resident's ulcer was to cleanse the area with Anasept (antimicrobial skin and wound care product used to kill a broad spectrum of bacteria, fungi, viruses, and spores, while removing biofilms and assisting in the management of infected wounds, burns, and skin infections) and the peri-wound area with soap and water. The primary dressing was Mepilex Ag (soft silicone foam dressing designed for wound care to manage exudate [fluid]. maintain a moist wound environment). The treatment was to be done three times per week for one week. The treatment at the wound care center was the first of the three treatments. The October and November, 2025 MARs indicated the facility did not update to the new wound care treatment orders from 10/28/25 and continued to provide the same treatment as indicated in the 10/21/25 wound care center note on 10/30/25 and 11/1/25. The wound care provider note, dated 11/4/26, included the dressing orders for the facility due to a missed appointment on 11/4/26. The treatment orders for the resident's ulcer to his perineum were to cleanse the area with Anasept or saline as a substitute. The November, 2025 MAR indicated the facility did not update to the resident's new wound care treatment orders from 11/4/25 and continued to provide the same treatment as ordered on the 10/21/25 wound care center note. An interview was conducted with the Registered Nurse from the wound care provider on 3/13/26 at 12:18 p.m. She indicated typically an order to cleanse an ulcer was changed from sterile water to Anasept, because the ulcer smelled and bacteria needed killed. Anasept cleansed bacteria more effectively and was stronger than sterile water. The primary dressing order also changed to Mepilex on 10/28/25, because Resident E probably did not need the Hydrofera anymore. Mepilex and Hydrofera were two very different dressings. They expected the facility to follow the wound care center orders for Resident E's wound care treatment. The Wound Management policy was provided by the ED (Executive Director) on 3/13/26 at 8:50 p.m. The policy indicated, Wound treatments will be provided in accordance with physician's orders, including the cleansing method, type of dressing, and frequency of dressing change. This citation relates to Intake 2657216. 410 IAC (Indiana Administrative Code) 3.1-37(a)