STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155136	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Terrace Care Center	1900 Andrew Ave LA Porte, IN 46350

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, and interview, the facility failed to ensure fall interventions were updated and in place to prevent injury for a resident with two falls in one day for 1 of 3 residents reviewed for accidents. (Resident B)Finding includes:Record review for Resident B was completed on 12/1/25 at 10:31 a.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), weakness, anxiety, osteoarthritis, diabetes, and high blood pressure.The admission Minimum Data Set (MDS) assessment, dated 10/13/25, indicated the resident was cognitively intact for daily decision making. The resident required substantial/maximum assistance with shower/bathing, toileting, upper/ lower body dressing, and putting on footwear.A Care Plan, dated 10/14/25, indicated the resident was at risk for falls related to deconditioning and balance problems. Approaches were to keep environment well lit, clutter free, and keep personal items within reach. There were no revisions or updates added.During the month of October 2025, Resident B had two falls on 10/26/25.A Progress Note, dated 10/26/25, indicated the resident was lowered to the floor after she had felt weak when working with therapy.A Progress Note, dated 10/26/25, indicated the resident was lowered to the floor in the bathroom while being transferred after feeling weak.A policy titled, Fall Prevention Program, received as current from the Director of Nursing on 12/1/25 at 10:25 a.m. indicated, .If there is a loss of balance during supervised therapeutic interventions and the resident comes to rets on the ground, floor, or next lower surface despite the clinician's effort to intercept loss of balance, it is considered a fall. When any resident experiences a fall, the facility will . e. review the resident's care plan and update as indicated.During an interview on 12/2/25 at 1:18 p.m., The Assistant Director of Nursing Services (ADNS) indicated she did not update the care plan with new interventions after the falls.This citation relates to Intake 2672564.3.1-45(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
	155136	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Terrace Care Center	1900 Andrew Ave LA Porte, IN 46350

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, record review, and interview, the facility failed to maintain clinical records that were complete and accurately documented related to incontinence logs for 1 of 3 residents reviewed for Activities of Daily Living (ADLs). (Resident C)Finding includes:On 12/2/25 at 8:37 a.m., CNA 2 was observed going into Resident C's room to perform ADL care. The resident was calm and sitting up in his bed wearing a hospital gown. No concerns were noted. The record for Resident C was reviewed on 12/2/23 at 9:18 a.m. Diagnoses included, but were not limited to, Alzheimer's, diabetes, weakness, depression and dysphagia (difficulty swallowing).The Quarterly Minimum Data Set (MDS) assessment, dated 11/14/25, indicated the resident was severely impaired for daily decision making. The resident required dependent care with toileting, shower/bathing, dressing, personal hygiene, and putting on footwear.A Care Plan, last reviewed on 9/3/25, indicated the resident had an ADL self-care deficit. Interventions were to provide incontinence care as needed, and to observe/document/report to the physician a significant decline in functional ability.The October and November 2025 Incontinence Reports indicated the bladder and bowel incontinence log was filled out only once a day on the following dates:- 10/23 bowel incontinence documented one time- 10/27 bladder incontinence documented one time-10/30 bladder incontinence documented one time- 11/16 bladder incontinence documented one time-11/18 bladder incontinence documented one time- 11/25 bowel and bladder incontinence documented one time-11/26 bladder incontinence documented one time-11/30 bowel incontinence documented one time During an interview on 12/1/25 at 10:33 a.m., the Assistant Director of Nursing Services (ADNS) indicated the expectation was to check and change the residents every 2 hours and as needed.During an interview on 12/1/25 at 11:38 a.m., RN 1 indicated they checked and changed residents every 2 hours or sooner if needed.During an interview on 12/2/25 at 8:31 a.m., CNA 1 indicated they checked and changed the residents every 2 hours or as needed.During an interview on 12/2/25 at 12:44 p.m., CNA 2 indicated she checked her residents every 2 hours.During an interview on 12/2/25 at 1:12 p.m., the Director of Nursing Services indicated she understood the documentation concern and had no additional information to provide.This citation relates to Intake 2672564.3.1-50(a)(1)3.1-50(a)(2)