STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155137	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Valparaiso Care Center	251 Sturdy Rd Valparaiso, IN 46383

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 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results. Based on record review and interview, the facility failed to obtain prompt diagnostic testing related to a doppler scan (ultrasound) for 1 of 1 resident reviewed for diagnostic testing. (Resident B) Finding includes: Resident B's record was reviewed on 7/22/25 at 1:30 p.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis (weakness and paralysis) following stroke affecting the left non-dominant side, breast and bone cancer, and heart failure. The Discharge Minimum Data Set (MDS) assessment, dated 6/13/25, indicated the resident was moderately cognitively impaired. A Care Plan, initiated 5/12/25, indicated the resident had fluid overload or potential fluid volume overload related to heart failure. A Physiatry Progress Note, dated 5/28/25, indicated the resident was observed to have bilateral lower extremity edema. A Physician's Order, dated 6/6/25, indicated venous doppler to the left lower extremity for diagnosis of edema. A Physician's Note, dated 6/10/25 at 11:39 a.m., indicated the resident had edema to the left lower extremity and the doppler study was negative. The edema was likely positional related. The record lacked documentation of a completed doppler study. During an interview on 7/24/25 at 1:09 p.m., the Administrator indicated the resident did not receive the doppler scan as ordered by the physician and the note on 6/10/25 was charted in error. A policy titled, Diagnostic Testing Services, indicated .The facility will provide the appropriate diagnostic services required to maintain the overall health of its residents and in accordance with State and Federal guidelines .1. Facility will maintain a schedule of diagnostic tests in accordance with the physician's orders. No diagnostic tests will be performed without specific physician orders in accordance with State law to include scope of practice laws. 2. Qualified nursing personnel will receive and review the diagnostic test reports and communicate the results to the ordering Physician within 72 hours of receipt unless the report results fall outside of clinical reference ranges and require immediate attention at which time the Physician will be notified . This citation relates to Complaint 1321080. 3.1-49(g)

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
	155137	A. Building B. Wing	07/25/2025

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(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 record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to inaccurate documentation of doppler scan test results for 1 of 1 resident reviewed for diagnostic testing. (Resident B) Finding includes: Resident B's record was reviewed on 7/22/25 at 1:30 p.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis (weakness and paralysis) following stroke affecting the left non-dominant side, breast and bone cancer, and heart failure. The Discharge Minimum Data Set (MDS) assessment, dated 6/13/25, indicated the resident was moderately cognitively impaired. A Care Plan, initiated 5/12/25, indicated the resident had fluid overload or potential fluid volume overload related to heart failure. A Physiatry Progress Note, dated 5/28/25, indicated the resident was observed to have bilateral lower extremity edema. A Physician's Order, dated 6/6/25, indicated venous doppler to the left lower extremity for diagnosis of edema. A Physician's Note, dated 6/10/25 at 11:39 a.m., indicated the resident had edema to the left lower extremity and the doppler study was negative. The edema was likely positional related. A Physician's Note, dated 6/12/25 at 7:50 a.m., indicated the resident said she had not received a doppler scan, however the nurse practitioner indicated the results were negative in the last note she had documented. The resident's legs looked equivalent bilaterally in regard to edema. During an interview on 7/24/25 at 1:09 p.m., the Administrator indicated the resident did not receive the doppler scan as ordered by the physician and the note on 6/10/25 was charted in error. This citation relates to Complaint 1321080. 3.1-50(a)(2)