STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155138	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Churchman Care Center	2860 Churchman Ave Indianapolis, IN 46203

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 35099 Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by a QMA (Qualified Medication Aide) for 1 of 1 residents reviewed for abuse. (Resident D, QMA 4) Findings include: During an interview on 11/21/24 at 12:07 p.m., RN 2 indicated Resident D was hitting QMA 4 when QMA 4 picked up a chair for protection. QMA 4 then moved towards Resident D with the chair and put the chair against his neck. RN 2 told QMA 4 to stop, RN 2 notified the Director of Nursing (DON) immediately. During an interview on 11/21/24 at 12:13 p.m., Licensed Practical Nurse (LPN) 3 indicated she observed Resident D become upset. Resident D had begun to yell out and was hitting the wall at that time. QMA 4 approached Resident D to take him to his room when Resident D punched QMA 4. QMA 4 backed up and grabbed a folded metal chair and physically placed it onto Resident D's upper chest just below his neck. LPN 3 yelled out to QMA 4 to stop and move away. LPN 3 then reported the incident to the DON immediately. LPN 3 indicated that all QMA 4 had to do was walk away from Resident D. LPN 3 indicated that QMA 4 had ample time to walk away, QMA 4 just wanted to show she was in control. LPN 3 indicated that QMA 4's actions stopped being self defense the minute she approached Resident D with the folded metal chair and pressed it against his upper torso and neck. During an interview on 11/21/24 at 12:45 p.m., the DON and Executive Director (ED) indicated that nursing staff reported that QMA 4 had abused Resident D while trying to remove Resident D from the nurse's station. Resident D was hitting the wall and yelling and QMA 4 made physical contact with Resident D with a folded metal chair. The DON and ED indicated that all staff knew Resident D and his behaviors. The DON and ED further indicated all staff knew the proper steps to deescalate Resident D. The DON indicated the proper solution was for QMA 4 to just walk away. At that time, the DON and ED provided the facility reportable incident, dated 11/20/24. The reportable incident indicated on 11/20/24 QMA 4 placed a folding chair against Resident D's chest after QMA 4 was struck by Resident D. The DON and ED also provided an interview with QMA 4 conducted by the facility on 11/20/24 at 8:15 a.m. QMA 4 indicated on 11/20/24, Resident D was hitting the wall and knocked over a bedside table. QMA 4 indicated that Resident D was behind the nurses station and QMA 4 was trying to get Resident D away from the nurse's station. Resident D had begun hitting and kicking. QMA 4 then grabbed a folded metal chair to block Resident D's hits and kicks. (continued on next page)

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
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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The clinical record for Resident D was reviewed on 11/21/24 at 1:33 p.m. The diagnoses included, but were not limited to, epilepsy, Bipolar Disorder, hypertension, intellectual disabilities, and dysphagia. The Annual MDS (Minimum Data Set) assessment, dated 9/23/24, indicated Resident D was rarely understood and had severe cognitive impairment. A Care Plan, revised 10/10/24, indicated Resident D had physical aggression towards staff, screaming/yelling out, and not allowing staff to put clothing up or other things off the floor. The interventions included, but were not limited to, allow resident time to calm down and reapproach. On 11/21/24 at 1:11 p.m., a policy titled Abuse, Neglect and Exploitation with a revision date of February 2023, and indicated it was the current policy used by facility. Review of a current policy, indicated the following: Abuse, means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse certain resident to resident altercations. Abuse also includes deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse facilitated or enabled through the use of technology This deficient practice was corrected on 11/20/24 after the facility implemented a systemic plan of correction that included the following actions: all staff were educated on the abuse policy with ongoing monitoring and audits. This citation relates to Complaint IN00447653. 3.1-27(a)(1)