

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Churchman Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>44849</p> <p>Based on interview and record review, the facility failed to thoroughly report all known information regarding an allegation of abuse at the time the allegation was reported to the state health department for 2 of 3 residents reviewed for abuse. (Resident B, Resident C)</p> <p>Findings include:</p> <p>During an interview on 2/10/25 at 8:04 a.m., Resident B indicated a few weeks ago, Resident C was in bed and waved Resident B into Resident C's room. Resident B walked into Resident C's room, pulled his pants down and exposed himself to Resident C.</p> <p>During an interview on 2/10/25 at 8:17 a.m., the Director of Nursing (DON) indicated, on 1/12/25, during evening shift she received a phone call from LPN 1 that Resident B was found in Resident C's room. Resident B had his pants down and was receiving oral sex from Resident C.</p> <p>The state health department reportable incident regarding Resident C performing oral sex on Resident B was reviewed, on 2/10/25 at 11:21 a.m. The incident indicated, on 1/12/25 at 8:10 a.m., both residents were found making inappropriate contact. The follow-up to the incident report, dated 1/17/25, indicated the investigation concluded that inappropriate touching occurred between both residents.</p> <p>During an interview on 2/10/25 at 11:08 a.m., CNA 1 indicated she walked into Resident C's room and Resident B was standing with his back toward the door and his pants were down. When he turned toward the door, she saw Resident C performing oral sex on Resident B. CNA 1 reported what she saw to LPN 1.</p> <p>On 2/10/25 at 11:11 a.m., the Administrator provided the Abuse, Neglect and Exploitation policy, revised 2/2023. The policy indicated allegations of abuse were reported to the state survey agency.</p> <p>This citation relates to Complaint IN00451109.</p> <p>3.1-28(c)</p>

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
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