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	11/21/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to develop a comprehensive person-centered care plan for a resident with a contracture for 1 of 1 resident's reviewed for mobility. (Resident 26) Finding includes: On 11/22/25 at 9:45 a.m., observed Resident 26 in her wheelchair. Resident 26 was self-propelling her wheelchair in the hall. Resident 26's left hand and wrist were observed to be bent toward the palm of the hand. On 11/22/25 at 11:00 a.m., the clinical record of Resident 26 was reviewed. The diagnoses included, but was not limited to, cerebral infarction and reduced mobility. The Annual Minimum Data Set assessment, dated 8/28/25, indicated Resident 26 had an impairment on one side of her upper extremity including her wrist and hand. An Occupational Therapy Note, dated 12/31/24, indicated Resident 26 stated she did not want to wear the 1/4 inch foam in her left hand due to increased pain. Resident was not a candidate to wear a Carrot (a devise used to position fingers away from the palm, reducing pressure, protecting skin and keeping hands dry) or palm protector due to severe contracture in left hand. The clinical record lacked a comprehensive person-centered care plan regarding an impairment or contracture to Resident 26's left hand. On 11/20/25 at 8:33 a.m., the Director of Nursing indicated Resident 26 should have had a care plan describing services required for the contracture on her left hand. The DON also indicated the resident had a history of refusing treatment to the contracture to her left hand. On 11/20/25 at 8:58 a.m., the Director of Nursing provided a policy and indicated it was the current policy being used by the facility. The policy titled Comprehensive Care Plans, undated and indicated it was the current policy being used by the facility. A review of the policy indicated It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet the resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. 3.1-35(a)

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