

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Fountainview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 609 W Tanglewood LN Mishawaka, IN 46545	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a physician order for CAT scan was completed for 1 of 3 residents reviewed (Resident U). Findings include: On 12/30/25 at 2:30 P.M., Resident U was interviewed in her room. She was observed with faded bruising around her right eye. The faded bruising extended from below her right eyebrow to below her right eye. A dark red/purple quarter size bruise was observed on top of her right cheekbone. When asked, Resident U indicated she had been hit on her forehead by a part of the mechanical lift used to transfer her. When asked, Resident U indicated she was told she was to have a CAT scan done but she hadn't had one done. On 12/30/25 at 1:43 P.M., Resident U's record was reviewed. Diagnoses included falls with fractured right femur. A care plan indicated Resident U was on antiplatelet therapy related to a fracture. She was prescribed Aspirin 81 milligrams by mouth 2 times per day. A nurse note, dated 12/8/25 at 2:17 p.m., indicated Resident U was being transferred with a Hoyer lift when the lift tipped and the resident hit her forehead on the weight mechanism. A large hematoma appeared immediately on her forehead. The resident was given pain medication and ice pack to relieve swelling to the area. A physician order, dated 12/13/25, was to obtain a CAT scan of Resident U's head and face due to direct trauma with a large frontal hematoma and periorbital (around eyes) ecchymosis. Review of records didn't show results for a CAT scan dated on or after 12/13/25. On 12/30/25 at 3:20 P.M., the Regional Nurse Consulted (RNC) was interviewed. She indicated she was unable to find a CAT scan report, ordered on 12/13/25. The RNC indicated she would follow up to see if the scan had been completed as ordered. On 12/31/25 at 11:20 A.M., the RNC indicated the CAT scan ordered on 12/13/25 had not been completed as ordered but should have been done. A current policy, titled Provision of Physician Ordered Services, provided by the Assistant Director of Nursing on 12/31/25 at 4:00 P.M., stated: The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. Facility will maintain a schedule of diagnostic tests in accordance with the physician's orders. Nursing personnel will submit timely requests for physician ordered services (laboratory, radiology, consultations) to the appropriate entity. This Citation relates to Intake 2691743.3.1-37</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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