

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Portage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3175 Lancer St Portage, IN 46368	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review and interview, the facility failed to ensure anti-seizure medications were available and dispensed according to physician's orders for 1 of 3 residents reviewed for seizure medication administration. (Resident B) Finding includes: The record for Resident B was reviewed on 10/30/25 at 9:40 a. m. Diagnoses included, but were not limited to, seizures. A Physician's Order, dated 8/15/25 indicated lacosamide (an anti-seizure medication) oral tablet, 50 mg (milligrams) every morning and bedtime. The October 2025 medication administration record (MAR) lacked documentation that the 10/24/25 bedtime and 10/25/25 morning doses were administered. A Progress Note, dated 10/25/25 at 9:08 a.m., indicated the lacosamide medication was unavailable, and the pharmacy indicated a new prescription was needed. During an interview on 10/30/25 at 2:21 p.m., the Corporate Nurse Consultant indicated the medication came from the pharmacy on a card, and the nurse could visualize when a refill would be needed. She indicated the pharmacy had a prescription with refills available for the medication, and they received the medication after the resident transferred out of the facility on 10/25/25. This Federal tag relates to Intake 2654366.3.1-25(a)</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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