

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Woodlands Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4088 Frame Rd Newburgh, IN 47630	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure EBP (Enhanced Barrier Precautions) were followed during care of an indwelling urinary catheter for 1 of 3 residents reviewed for Foley Catheters. A gown was not used during care. (Resident C)</p> <p>Finding includes:</p> <p>On 10/9/24 at 9:20 a.m., QMA 2 (Qualified Medication Aide) and CNA 3 (Certified Nursing Assistant) were observed to provide Foley Catheter care to Resident C. Both entered the room, performed hand hygiene, donned gloves, cleaned, rinsed, and dried the tubing of the Foley Catheter. Neither staff donned a gown before providing care. Enhanced barrier precaution signage was posted on Resident C's door that indicated a gown was to be worn.</p> <p>On 10/9/24 at 10:51 a.m., Resident C's clinical record was reviewed. Diagnoses included, but was not limited to, unspecified urinary incontinence, frequency of micturition, neuromuscular dysfunction of bladder, retention of urine, unspecified. An annual MDS (Minimum Data Set) assessment dated [DATE], indicated Resident C's cognition was severely impaired, had an indwelling catheter, toileting extensive, assist of two.</p> <p>Care plans included, but were not limited to:</p> <p>Alteration in elimination of bowel and bladder indwelling urinary catheter, retention, neuromuscular dysfunction of bladder, retention of urine, date initiated 11/18/20. Interventions included, but were not limited to: Indwelling catheter care every shift and as needed, Enhanced barrier precautions when providing any Foley Cath care and any high contact Res care activities (see sign on door).</p> <p>Current physician orders for October 2024 were reviewed and included, but were not limited to:</p> <p>Foley Cath care every shift with soap and water every shift related to neuromuscular dysfunction of bladder, unspecified, retention of urine, unspecified, order date 4/13/24.</p> <p>Enhanced barrier precautions when providing any Foley Cath care and any high contact Res care activities (see sign on door) every shift, order date 3/29/24.</p> <p>On 10/9/24 at 1:20 p.m., QMA 2 indicated a gown and gloves should be worn while providing care to a resident with a Foley Catheter who is on enhanced barrier precautions.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/9/24 at 1:41 p.m., the Administrator provided the current policy on Enhanced Barrier Precautions with a copyright date of 2024. The policy included, but was not limited to: .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities b. An order for enhanced barrier precautions will be obtained for residents with any of the following: .and/or indwelling medical devices (e.g;central lines, urinary catheters .3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the resident's room .</p> <p>This citation relates to Complaint IN00444232.</p> <p>3.1-18(b)</p> <p>3.1-41(a)(2)</p>		