

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 05/16/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on observation, interview, and record review, the facility failed to accommodate a resident's choice to participate in an activity for 1 of 1 random observations (Resident 9). A resident was not allowed to participate in the resident council meeting held on May 13, 2025.</p> <p>Finding includes:</p> <p>On 5/13/25 at 9:58 A.M., Resident 9 was observed sitting in her wheelchair in the main dining room. Licensed Practical Nurse (LPN) 3 came to take Resident 9 from the room. Resident 9 indicated she wanted to stay for the resident council meeting. LPN 3 told her that she was not allowed to stay because she wasn't on the list. LPN 3 took Resident 9 from the dining room. The resident council meeting started at 10:09 A.M. and Resident 9 was not in attendance.</p> <p>On 5/15/25 at 10:39 A.M., Resident 9's clinical record was reviewed. Diagnoses included, but were not limited to, anxiety disorder.</p> <p>The most current Quarterly Minimum Data Set (MDS) Assessment, dated 3/15/25, indicated that Resident 9 had mild cognitive impairment and had no behaviors.</p> <p>The most recent care plan conference was held on 3/19/25. Resident 9 was in attendance and the plan of care was reviewed.</p> <p>Activities care plans, dated 12/9/24, included the following interventions:</p> <p>Continue to involve me in out of room activities as desired and able</p> <p>Invite me to my favorite activities (coffee socials, tossing games), and to try new things that I might be interested in</p> <p>An Activity Participation Review, dated 3/7/25, indicated Resident 9 was a regular member of the resident council.</p> <p>The most recent Psychiatry progress note, dated 4/24/25, indicated Resident 9 was oriented to person, place, and situation.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/25 at 11:24 A.M., the Administrator indicated that anyone could come to resident council meetings. The facility had made a list of residents to attend the meeting held on 5/13/25 and only included those residents who were alert and oriented. She indicated that anyone who was alert and oriented could have attended that meeting even if they were not on the list.</p> <p>On 5/15/25 at 12:50 P.M., LPN 7 indicated that Resident 9 was oriented to person and place, but not always situation.</p> <p>On 5/15/25 at 1:09 P.M., the Resident Council Minutes for January, February, March, and April 2025 were reviewed. Resident 9 was listed as in attendance for the meeting held on 2/5/25 and 4/2/25.</p> <p>On 5/15/25 at 2:15 P.M., the Administrator provided a current Resident Council Meetings policy, dated 2025, that indicated All residents are eligible to participate in the Resident Council and are encouraged by facility staff to participate.</p> <p>On 5/15/25 at 2:15 P.M., the Administrator provided a current Promoting/Maintaining Resident Dignity policy, dated 2024, that indicated Assist residents to participate in activities of choice.</p> <p>3.1-3(u)(3)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner in accordance with professional standards for food service safety for 2 of 2 observations of the kitchen. Floors and equipment were soiled, and food was unlabeled. (Kitchen)</p> <p>Findings include:</p> <p>On 5/12/25 at 8:56 A.M., during observation of the kitchen the following was observed:</p> <ol style="list-style-type: none"> 1. The top of the dish machine was soiled. 2. The floors in the kitchen area were soiled, debris build up around the edges of the walls, debris under racks and tables with equipment, and under the three compartment sink. 3. Debris build up on a pull down plug hanging above the food prep table, and on a fan hanging on the wall. 4. The walk in freezer had two partially used bags of tater tots in clear bags, one partially used bag of potato wedges in a clear bag, all were unlabeled. <p>On 5/14/25 at 9:18 A.M., the same was observed.</p> <p>On 5/14/25 at 9:25 A.M., the Dietary Manager indicated if food is opened it should be tabled with an open date and a use by date, housekeeping does the deep cleaning of the floors usually once a month, the kitchen staff are supposed to sweep and mop the floors after each shift.</p> <p>On 5/14/25 at 1:08 P.M., the Administrator provided the current policy on freezer storage with a revision date of October 2022. The policy included but was not limited to: .Label and note pull date with use by date on all food items when removing from freezer .All items not stored in original container must be labeled and noted with use by date according to storage chart, used or discarded within allowed days .</p> <p>3.1-21(i)(2)</p> <p>3.1-21(i)(3)</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices and standards were followed for 1 of 1 resident reviewed for urinary catheter use (Resident 49). A resident's catheter bag was observed on the floor.</p> <p>Finding includes:</p> <p>On 5/12/25 at 10:26 A.M., Resident 49 was observed lying in bed. Her catheter bag was observed on the floor.</p> <p>On 5/15/25 at 10:04 A.M., Resident 49 was observed lying in bed. Her catheter bag was hanging on the bed. The bed was in the lowest position and the catheter bag was touching the floor.</p> <p>On 5/14/25 at 10:09 A.M., Resident 49's clinical record was reviewed. Diagnoses included, but were not limited to, neuromuscular dysfunction of bladder and retention of urine.</p> <p>The most recent Significant Change Minimum Data Set (MDS) Assessment, dated 2/22/25, indicated Resident 49 was not cognitively intact, was dependent on staff for toileting, had an indwelling catheter, and did not have a urinary tract infection (UTI).</p> <p>Physician orders included, but were not limited to:</p> <p>Sixteen French Foley catheter for urinary retention/neurogenic bladder every shift, dated 4/21/25</p> <p>The most recent care plan conference was completed on 2/27/25. Care plans were reviewed.</p> <p>A current urinary catheter care plan, dated 11/22/24, included an intervention to keep the drainage bag of the catheter below the level of the bladder at all times and off of the floor.</p> <p>During an interview on 5/15/25 at 10:43 A.M., the Infection Preventionist indicated that catheter bags should not be on the floor.</p> <p>On 5/15/25 at 2:15 P.M., the Administrator provided a current Indwelling Catheter Use and Removal policy, dated 2024, that indicated If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures that include but are not limited to: . Insertion, ongoing care and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures.</p> <p>3.18(b)(1)</p>		