

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Golden Rule Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 Straight Line Pike Richmond, IN 47374	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30344</p> <p>Based on interview and record review, the facility failed to ensure complete and accurate documentation of residents' medication administration records (MARs) for 2 of 3 residents reviewed for medication administration. (Residents B and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/27/25 at 11:45 a.m. Her diagnoses included, but were not limited to, diabetes mellitus. She was admitted to the facility on [DATE] and discharged AMA (against medical advice) on 3/21/25.</p> <p>The physician's orders indicated to administer ten units of Lantus (insulin glargine) subcutaneously at bedtime, effective 3/19/25.</p> <p>The March 2025 MAR indicated the above medication was administered the evening of 3/19/25 but was blank for the 3/20/25 administration.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/27/25 at 1:30 p.m. She indicated if a medication was not signed off, it either wasn't administered or wasn't documented that it was administered.</p> <p>The nurse who worked the evening shift, of 3/19/25, and cared for Resident B was unavailable for interview.</p> <p>45291</p> <p>2. The clinical record for Resident D was reviewed on 3/27/2025 at 1:00 p.m. The medical diagnoses included emphysema and diabetes.</p> <p>A Quarterly Minimum Data Set assessment, dated 2/4/2025, indicated Resident D was cognitively intact and received insulin.</p> <p>A diabetes management care plan, revised 3/2/2025, indicated Resident D had diabetes mellitus. Interventions included to monitor Resident D's blood glucose as well as education about compliance and to document and report noncompliance.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A respiratory care plan, revised 3/2/2025, indicated Resident D had emphysema and was at risk for impaired gas exchange. Interventions included to administer medications as ordered.</p> <p>A physician order, started on 7/5/2024 and discontinued on 3/25/2025, indicated Resident D received sliding scale insulin based upon the blood glucose reading. The order stated to inject as per sliding scale: if blood glucose was 150 - 200 to administer four units; if blood glucose was 201 - 250 to administer eight units; if blood glucose was 251 - 300 to administer 12 units; if blood glucose was 301 - 350 to administer 16 units; if blood glucose was 351 - 400 to administer 20 units; if blood glucose was above 400 to administer 25 units and recheck blood sugar in an hour, if blood glucose was still above 400 and then call the provider.</p> <p>Review of the March 2025 MAR, completed on 3/27/2025 at 1:30 p.m., indicated Resident D's 3/12/2025 6:30 a.m. administration of sliding scale insulin was blank as well as the associated blood glucose for the 3/12/2025 6:30 a.m. administration.</p> <p>During an interview on 3/27/2025 at 1:20 p.m., the Director of Nursing indicated if the administration was not documented on the MAR, she would expect that it was not completed. She was unsure why the 3/12/2025 administration of sliding scale insulin was not documented.</p> <p>A policy entitled Medication Administration was provided by the Executive Director on 3/27/2025 at 2:13 p.m. The policy indicated staff were to, .Sign MAR after administration .</p> <p>This citation is related to Complaint IN00456167.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p>		