

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Bloomington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 155 E Burks Dr Bloomington, IN 47401	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>44849</p> <p>Based on interview and record review, the facility failed to prevent a fall when staff did not use a gait belt (an assistive device used by staff that wraps around a resident to assist the resident and staff with a transfer) to transfer a resident who was dependent on staff for transfers for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding included:</p> <p>During an interview on 4/2/24 at 9:37 a.m., Resident B indicated she had more than one fall. Resident B thought she had a fall when she took a shower.</p> <p>During an interview on 4/2/24 at 11:22 a.m., CNA 1 (Certified Nursing Aide) indicated CNA 1 and CNA 2 took Resident B to the shower room. When CNA 1 and CNA 2 attempted to transfer Resident B, Resident B's knee went out and CNA 1 and CNA 2 lowered Resident B to the floor. Neither CNA 1 nor CNA 2 used a gait belt to assist Resident B transfer from a wheelchair to the shower chair. CNA 1 should have used a gait belt</p> <p>During an interview on 4/2/24 at 11:27 a.m., CNA 2 indicated CNA 2 and CNA 1 took Resident B to the shower room. CNA 2 and CNA 1 tried to transfer Resident B and Resident B's knee went out. Resident B was lowered to the floor. CNA 2 should have used a gait belt for the transfer.</p> <p>The clinical record for Resident B was reviewed on 4/2/24 at 9:45 a.m. The diagnoses included, but were not limited to, multiple sclerosis, anxiety, and bipolar disorder.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 3/9/24, indicated Resident B was moderately cognitively impaired. Resident B was dependent (staff did all effort for transfers) for chair to chair transfers.</p> <p>A Post Fall Evaluation, dated 2/19/24 at 11:47 a.m., indicated Resident B lost balance and was lowered to the floor by CNA 1 and CNA 2 in the shower room. CNA 1 and CNA 2 did not use a gait belt.</p> <p>During an interview on 4/2/24 at 12:15 p.m., the DON (Director of Nursing) indicated CNA 1 and CNA 2 should have used a gait belt to transfer Resident B.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/24 at 10:32 a.m., the DON provided a copy of an undated facility policy, titled Use of Gait Belt, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety.</p> <p>This citation relates to Complaint IN00430007.</p> <p>3.1-45(a)(2)</p>		