

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 01/27/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>35318</p> <p>Based on observation, interview, and record review, the facility failed to ensure a licensed practical nurse observed medication administration for a resident who did not self administer medications for 1 of 1 resident observed during a random observation. (Resident B)</p> <p>Findings include:</p> <p>During an interview with Resident B on 1/27/25 at 9:40 a.m., a medication cup with eight different medications was observed on the bedside table. The medication cup contained a mixture of tablets and capsules. Resident B indicated there had been ten different medications in the cup however, he had taken two already. Resident B indicated staff did not typically observe him when taking medications.</p> <p>During an interview with LPN 1 on 1/27/25 at 9:42 a.m., LPN 1 indicated she had observed Resident B take all his medications that morning and was unsure where the medications in the cup had come from.</p> <p>During an interview with LPN 1 on 1/27/25 at 11:35 a.m., LPN 1 indicated Resident B's morning medications included eleven different medications. He was currently out of one of his medications therefore, she drew up ten and observed the resident taking all morning medications that morning.</p> <p>During an interview on 1/27/25 at 1:00 p.m., the Interim Director of Nursing indicated LPN 1 had been educated on not leaving medications at the residents bedside and LPN 1 had indicated she would not do it again.</p> <p>Resident B's clinical record was reviewed on 1/27/25 at 11:30 a.m. The diagnoses included, but were not limited to, acute kidney failure and chronic obstructive pulmonary disease.</p> <p>Current physician orders, dated 1/27/25, indicated Resident B's medications included, but were not limited to,</p> <p>Aspirin 81 milligrams (mg), one tablet by mouth one time a day.</p> <p>Clopidogrel bisulfate tablet (a blood thinner) 75 mg, one tablet by mouth one time a day.</p> <p>Duloxetine (for depression) 30 mg, two tablets by mouth one time a day.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ferrous sulfate (iron) 325 mg, by mouth one time a day.</p> <p>Flomax (to treat an enlarged prostate) 0.4 mg, one tablet by mouth one time a day.</p> <p>Folic acid (supplement) 1 mg, one tablet by mouth one time a day.</p> <p>Gabapentin (to treat nerve pain) 300 mg, one capsule by mouth three times a day.</p> <p>Hydroxyzine pamoate (for anxiety) 25 mg, one capsule by mouth two times a day.</p> <p>Magnesium oxide (supplement) 400 mg, one tablet by mouth two times a day.</p> <p>Metoprolol (anti-hypertensive) 25 mg, one tablet by mouth one time a day.</p> <p>Multivitamin give one tablet by mouth one time a day.</p> <p>The clinical record lacked a self medication administration assessment.</p> <p>During an interview on 1/27/25 at 1:02 p.m., the Interim DON indicated Resident B did not self administer medications and the medications should not have been left on the bedside table.</p> <p>On 1/27/25 at 1:02 p.m., the Interim DON provided the facility's policy, Medication Administration undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Policy: Medications are administered by licensed nurses . 18. Observe resident consumption of medication .</p> <p>This citation relates to Complaints IN00450128 and IN00450202.</p> <p>3.1-11(a)</p>

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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>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure staff accurately documented wound care treatments for 1 of 3 residents reviewed for documentation. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 1/27/25 at 2:05 p.m. The diagnoses included, but were not limited to, pressure ulcer and osteoarthritis of the knee.</p> <p>Current physician orders, dated 1/27/25, indicated Resident C's treatments included, but were not limited to:</p> <p>Left lateral foot: cleanse with wound cleaners, apply collagen to wound bed and cover with bordered gauze dressing once daily and prn (as needed).</p> <p>Left lateral lower leg: cleanse with wound cleanser, apply collagen to wound bed and cover with bordered gauze dressing once daily and prn.</p> <p>Right medial ankle: cleanse with wound cleanser, apply xeroform cover with bordered gauze, change daily.</p> <p>The clinical record lacked documentation which indicated the above treatments had been completed on 1/3/25, 1/6/25, 1/15/25, 1/17/25, 1/21/25, 1/24/25 and 1/25/25, nor had the resident refused the treatments on those dates.</p> <p>During an interview on 1/27/25 at 2:10 p.m., the Interim Director of Nursing (DON) indicated she could not find in the clinical record where Resident C's treatments had been completed or where the resident had refused on the above dates.</p> <p>On 1/27/25 at 2:28 p.m., the Interim DON provided the facility's policy, Documentation in Medical Record undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . 1. Licensed staff . shall document all . services provided in the resident's medical record in accordance with state law and facility policy .</p> <p>This citation relates to Complaints IN00450128 and IN00450202.</p> <p>3.1-50(a)(1)</p>