

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  04/03/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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 observation, interview, and record review, the facility failed to provide supervision to prevent a cognitively impaired resident, who had an appointed guardian and history of exit seeking, from exiting the facility without staff knowledge for 1 of 3 residents reviewed for elopements. This deficient practice resulted in the resident being located by local law enforcement 1.8 miles away. (Resident B)</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on, 3/29/25 at approximately 9:45 p.m., when the facility failed to prevent a cognitively impaired resident from leaving the facility without staff knowledge. The Area [NAME] President and Regional Nurse were notified of the Immediate Jeopardy on 4/2/25 at 12:20 p.m. The Immediate Jeopardy was removed, and the deficient practice corrected, on 3/30/25, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Finding includes:</p> <p>During an interview on 4/2/25 at 8:06 a.m., LPN 1 indicated she arrived at work on 3/29/25 at approximately 10:50 p.m. Resident B had already left the facility. His wheelchair was found outside the front door. Resident B was located by the police approximately 1.8 miles from the facility, on a busy main road. When the police brought Resident B back to the facility, he told LPN 1 he left to get cigarettes and then was going to go to another city where his family lives. On 1/22/25, Resident B was moved from the secured unit because he was not at risk for elopement.</p> <p>On 4/2/25 at 8:14 a.m., Resident B was observed resting in bed on the secured unit. At that time, Resident B indicated he left the facility, on 3/29/25, to obtain cigarettes.</p> <p>During an interview on 4/2/25 at 8:17 a.m., LPN 2 indicated when Resident B was admitted, he was placed on a secured (locked) unit and had exit seeking behaviors when he was on that unit.</p> <p>During an interview on 4/2/25 at 8:21 a.m., LPN 3 indicated approximately a month ago, Resident B attempted to exit the facility through the front door but was stopped.</p> <p>The clinical record for Resident B was reviewed on 4/2/25 at 8:30 a.m. The diagnoses included, but were not limited to, major depressive disorder, dementia, cognitive communication deficit, and psychoactive substance abuse.</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The census information tab, indicated Resident B was admitted to the secured unit on 1/3/25 and moved to the unsecured unit on 1/22/25.</p> <p>An Order Appointing Successor Guardian, dated 9/10/19, indicated Resident B was appointed a guardian over person and estate.</p> <p>A referral packet from the previous facility, dated 12/31/24, indicated, on 12/30/24, Resident B was agitated and set on leaving the facility. Resident B attempted to leave that facility against medical advice and was sent to the emergency department.</p> <p>An Elopement Evaluation, dated 1/4/25, indicated Resident B did not have a history of elopement nor an attempted elopement while at home. Resident B was identified as not at risk for an elopement on this evaluation.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 1/10/25, indicated Resident B was moderately cognitively impaired.</p> <p>The Baseline Care Plan, dated 1/6/25, indicated Resident B was at risk for elopement and resided on the secured unit.</p> <p>A Care Plan, dated 1/9/25, indicated Resident B had impaired cognitive function related to altered mental status. The interventions included, but were not limited to, placement on a secured unit (1/9/25) and supervise as needed (1/9/25). This care plan was not updated after Resident B was moved out of the secured unit to the unsecured unit on 1/22/25.</p> <p>A Care Plan, dated 1/10/25, indicated Resident B had a history of psychoactive substances abuse. The interventions included, but were not limited to, educate on the leave of absence policy (1/10/25) and assess for elopement risk (1/10/25). This care plan was not updated after Resident B was moved out of the secured unit to the unsecured unit on 1/22/25.</p> <p>A Nurse Practitioner (NP) progress note, dated 1/23/25 at 12:00 a.m., indicated exit seeking behaviors remained to be an issue.</p> <p>A Progress Note, dated 2/27/25 at 9:56 a.m., indicated Resident B was upset and wanted to discharge and walk to another city. Resident B and the Social Service Director (SSD) discussed the risks of leaving the facility. Resident B was adamant that he was leaving. Resident B's guardian did not want Resident B to discharge from the facility. Resident B became increasingly agitated and packed belongings in his wheelchair and blocked the front door. Resident B indicated he was going to throw his wheelchair through the front door to exit facility. Resident B was unable to be redirected or calmed down.</p> <p>A Hospital Emergency Department note, dated 2/27/25 at 1:02 p.m., indicated Resident B was in his wheelchair blocking access to the front door. Resident B indicated he wanted to leave the facility because he wanted to stay with his daughter though he has not spoken to her recently.</p> <p>The clinical record lacked an updated Elopement Evaluation and Care Plan following Resident B's desire to leave the facility and emergency room visit for agitated elopement behavior on 2/27/25.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A Progress Note, dated 2/28/25 at 1:22 p.m., indicated Resident B was located outside the facility smoking a cigarette unsupervised.</p> <p>An Elopement Evaluation, dated 3/22/25, indicated Resident B had not verbally expressed the desire to go home nor packed his belongings to go home nor stayed near an exit door. Resident B was identified as not at risk for an elopement on this evaluation.</p> <p>A Progress note, dated 3/30/25 at 1:46 a.m., indicated nurse was unable to locate Resident B. This writer initiated a code silver. Staff were unable to locate Resident B inside the facility or on facility grounds and notified local law enforcement. Local law enforcement was able to locate Resident B and brought him back to the facility. Resident B indicated that he was trying to get back to the city where he was from.</p> <p>On 4/2/25 at 9:45 a.m., the Area [NAME] President provided a copy of the reportable incident regarding Resident B's elopement from the facility. The incident indicated on 3/29/25 at 10:47 p.m., Resident B was unable to be located in the facility or on facility property. Local law enforcement were able to locate Resident B at approximately 11:45 p.m. and returned him to the facility.</p> <p>On 4/2/25 at 10:31 a.m., the ADON (Assistant Director of Nursing) indicated Resident B was admitted to the facility on the secured unit at the request of Resident B's guardian. Resident B was moved to the unsecured side of the facility due to Resident B's improvement in cognition on 1/22/25. The ADON indicated she was unaware Resident B had elopement behaviors.</p> <p>On 4/2/25 at 10:57 a.m., the Memory Care Director indicated Resident B did not exhibit any elopement behaviors on the secured unit.</p> <p>On 4/2/25 at 11:30 a.m., the Regional Nurse provided a copy of the Alzheimer's/Dementia Special Care Unit Disclosure, dated 12/30/24, and indicated this was the facilities current process and criteria for admission to the secured unit and transfers out of the secured unit. A review of the disclosure indicated a transfer out of the secured unit to the unsecured unit included a physician's evaluation.</p> <p>The clinical record lacked documentation of a physician's evaluation to be transferred out of the secured unit before 1/22/25, when Resident B was transferred out of the secured unit to the unsecured unit.</p> <p>During an interview on 4/3/25 at 9:10 a.m., LPN 4 indicated when she worked on the secured unit with Resident B, Resident B would become very frustrated about residing on the secured unit.</p> <p>On 4/2/25 at 9:45 a.m., the Area [NAME] President provided a copy of an undated facility policy, titled Elopements and Wandering Residents, and indicated this was the current policy used by the facility. A review of the policy indicated adequate supervision will be provided to help prevent elopements.</p> <p>The past noncompliance Immediate Jeopardy began on 3/29/25. The Immediate Jeopardy was removed and the deficient practice corrected by 3/30/25 after the facility implemented a systemic plan that included the following actions: audits of elopement evaluations and care plans, inservicing staff on elopement procedures, and ongoing monitoring.</p> <p>(continued on next page)</p>		

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