

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Merrillville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8800 Virginia Place Merrillville, IN 46410	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>45666</p> <p>Based on record review & interview, the facility failed to implement a complete discharge planning process and ensure that the discharge needs of each resident were identified and met related to lack of ongoing Physician follow up for an abnormal wound culture result, indicating an infection, prior to discharge from the facility, for 1 of 3 residents reviewed for skin conditions. (Resident B)</p> <p>The deficient practice was corrected by 7/31/24, prior to the start of the survey, and was therefore past noncompliance. The facility investigated the delay in treatment following the receipt of abnormal wound culture results, completed audits for all wound cultures in the last 90 days, educated all nursing staff on the policy for wound culture tracking and notifications, and implemented a Laboratory Tracking Log.</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 8/1/24 at 10:57 a.m. Diagnoses included, but were not limited to, motor vehicle injury, fracture of upper end of left humerus, fracture of medial condyle of left femur, fracture of left side rib, and insomnia.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 7/9/24, indicated the resident was cognitively intact for daily decision making. There was an impairment to the upper and lower left extremities. He required substantial assistance for hygiene and transfers.</p> <p>A Care Plan, dated 7/8/24, indicated the resident had altered skin integrity, non-pressure skin conditions related to a traumatic wound to the left medial knee. Interventions included, but were not limited to, conduct weekly skin inspections, monitor for signs and symptoms of infection such as swelling, redness, warmth, discharge, or odor, and notify physician of significant findings.</p> <p>A Nurses' Note, dated 7/8/2024 at 11:48 a.m., indicated the resident had a traumatic wound to the left knee measuring 8 centimeters (cm) by 4.5 cm.</p> <p>A Physician's Order, dated 7/10/24, indicated to obtain a wound culture to the traumatic wound on the resident's left medial knee.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nurses' Note, dated 7/10/24, indicated the resident had a change of condition. Redness, warmth, and swelling was noted to the left lower extremity surrounding the wound to the left medial knee. The wound was cleansed with wound cleanser, serous drainage was noted from wound, and then sampled with a wound culture swab in a sterile manner.</p> <p>A Nurses' Note, dated 7/16/2024 at 3:12 p.m., indicated the Physician was informed of the wound culture results. No new orders at this time. Awaiting new orders at this time. The resident and the Power of Attorney (POA) were informed.</p> <p>The Wound Culture report, undated with the sample collected on 7/10/24, indicated the left medial knee wound had many enterobacter cloacae (gram-negative bacteria) and many staphylococcus aureus (gram-positive bacteria). There were moderate gram negative bacilli, moderate gram positive cocci, rare white blood cells, and rare epithelial cells.</p> <p>The McGreer's Definitions for Healthcare Associated Infections for Surveillance for Long Term Care Facilities indicated the following criteria:</p> <p>SKIN AND SOFT TISSUE INFECTION</p> <p>Cellulitis/soft tissue/wound infection</p> <p>One of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Pus present at a wound, skin, or soft tissue site. (OR) 2. The resident must have four or more of the following signs or symptoms: <ul style="list-style-type: none"> - fever (>38 C) or worsening mental/functional status; and/or the presence of new or increasing (at the affected site): - heat - redness - swelling - tenderness or pain - serous drainage <p>A Nurses' Note, dated 7/23/24 at 10:45 a.m., indicated the resident was discharged home with family, medications and instructions were received, and the resident and family acknowledged understanding. No concerns were voiced at the time.</p> <p>There was no further follow up regarding the abnormal wound culture results or orders received prior to discharge.</p> <p>(continued on next page)</p>

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nurses' Note, dated 7/24/24 at 7:17 a.m., indicated an antibiotic was ordered for discharged Resident B by the Nurse Practitioner (NP) and sent to an outside pharmacy.</p> <p>During an interview on 8/2/24 at 12:30 p.m., the Interim Administrator indicated the nurse who put in the note had a language barrier, which was the reason for the note that said there were no orders and also awaiting orders. The Physician was notified of the wound culture and there were no new orders at the time. The NP sent in an order for the antibiotic to appease the family, as they called the facility the day after the resident's discharge requesting antibiotics. There was no other follow up until the facility received the communication from the family and the facility had since implemented a corrective plan of action related to this incident.</p> <p>An Ad Hoc QAPI, dated 7/31/24, was received on 8/2/24 at 12:45 p.m. from the Director of Nursing, and indicated the identified opportunity for improvement/deficient practice was delay in treatment following receipt of culture results. The facility completed audits for all wound cultures in the last 90 days to check for any outstanding results or follow up that was needed. All nursing staff was educated on the policy for wound culture tracking and notifications. The Laboratory Tracking Log included Resident B, who had a wound culture completed on 7/10/24. The wound culture resulted on 7/14/24 and were abnormal results. The action taken was placing an order sent to an outside pharmacy.</p> <p>A Policy titled, Wound Cultures, indicated .1. A wound will only be cultured in accordance with a physician order, when signs and symptoms of infection are present .6. Notify physician of initial and final culture results.</p> <p>This citation relates to Complaint IN00439994.</p> <p>3.1-12(a)(19)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45666</p> <p>Based on record review and interview, the facility failed to ensure medications were managed appropriately related to medications not signed out and given as ordered for 2 of 3 residents reviewed for unnecessary medications. (Residents B and G)</p> <p>Findings include:</p> <p>1. Resident B's closed record was reviewed on 8/1/24 at 10:57 a.m. Diagnoses included, but were not limited to, motor vehicle injury, fracture of upper end of left humerus, fracture of medial condyle of left femur, fracture of left side rib, and insomnia.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 7/9/24, indicated the resident was cognitively intact for daily decision making. There was an impairment to the upper and lower left extremities. He required substantial assistance for hygiene and transfers.</p> <p>A Physician's Order, dated 7/3/24 at 9:00 p.m., indicated Xanax (an anti-anxiety medication) extended release 1 milligram oral tablet once daily.</p> <p>The July 2024 Medication Administration Record indicated Xanax was not marked as administered from 7/3/24 thru 7/9/24.</p> <p>A Nurses' Note, dated 7/4/24 at 10:48 a.m., indicated the resident's son stated the resident had not received Xanax during his hospital stay and did not want the resident to take it any longer.</p> <p>A Nurses' Note, dated 7/15/24 at 12:53 p.m., indicated the Nurse Practitioner reviewed the medication list and a new order was received to discontinue Xanax, melatonin, Ambien (a sedative), and hydroxyzine (an antihistamine).</p> <p>During an interview on 8/2/24 at 12:30 p.m., the Interim Administrator indicated the medication was not available, but the family had also requested the medication be discontinued from use.</p> <p>There was no documentation in the resident's record to indicate the NP or Physician was contacted by facility staff regarding discontinuing the Xanax prior to 7/15/24.</p> <p>2. Resident G's record was reviewed on 8/1/24 at 2:14 p.m. Diagnoses included, but were not limited to, local infection of the skin and subcutaneous tissue, high blood pressure, and type 2 diabetes mellitus.</p> <p>The Admission Minimum Data Set, dated [DATE], was still in progress.</p> <p>A Care Plan, dated 7/17/24, indicated the resident had a wound infection. Interventions included, but were not limited to, administer antibiotic therapy as per order until 8/13/24.</p> <p>The July 2024 Physician's Order Summary (POS) indicated the resident received the following antibiotic intravenous medications:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Cefazolin sodium solution reconstituted 2 grams every 8 hours until 8/13/24</p> <p>- Ceftriaxone sodium solution reconstituted 2 grams once a day for 10 days</p> <p>- Vancomycin solution 1 gram once a day for 10 days</p> <p>The July 2024 Medication Administration Record (MAR) indicated the following medications were not administered as ordered:</p> <p>- Cefazolin was not marked as administered on 7/15/24 at 10:00 p.m. and 7/26/24 at 2:00 p.m. The corresponding Nurses' Note indicated the medication was on order.</p> <p>- Ceftriaxone was not marked as administered on 7/30/24 at 12:00 p.m. The corresponding Nurses' Note indicated the medication was on order.</p> <p>- Vancomycin was not marked as administered on 7/30/24 at 6:00 a.m. The corresponding Nurses' Note indicated the medication was on order.</p> <p>During an interview on 8/2/24 at 1:11 p.m., the Interim Administrator indicated she had no further information related to the antibiotics not signed out as administered.</p> <p>This citation relates to Complaint IN00439994.</p> <p>3.1-37(a)</p>		