

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Lincoln Hills Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 19th Street Tell City, IN 47586	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39130</p> <p>Based on interview and record review, the facility failed to ensure a resident's code status was known during an emergency situation for 1 of 2 residents reviewed for death. During a change in condition and prior to starting Cardio-Pulmonary Resuscitation (CPR), a resident's physician was notified and informed of the resident's code status as Do Not Resuscitate (DNR) before staff realized the resident's full code status. (Resident D)</p> <p>Finding includes:</p> <p>The record review was started on, [DATE] at 11:40 A.M., indicated Resident D's diagnoses included but were not limited to, aortic valve disorder, pulmonary disease, type II diabetes, and heart failure.</p> <p>A signed Indiana Physician Orders for Scope of Treatment (Post) form, dated [DATE] indicated Resident D had chosen to receive resuscitation / CPR if the resident has no pulse and is not breathing.</p> <p>A physician's order included, Full Code (started [DATE]).</p> <p>Resident D's nurse's progress notes included, but were not limited to:</p> <p>[DATE] at 5:39 P.M. - Change of Condition - Resident was unresponsive and blue/gray in color with six respirations per minute. No blood pressure or oxygen saturation level could be monitored. Physician was notified and gave order to monitor resident due to the resident's DNR status.</p> <p>[DATE] at 6:27 P.M. - Change of Condition - Resident's code status was noted to be full code after assessing the resident. Resident was having six respirations per minute with a blood glucose level of 106. No pulse or blood pressure could be assessed. Nursing staff started an Automated External Defibrillator (AED) device. Resident had no respirations and pupils were fixed and dilated. Emergency Medical Technicians (EMT) were called and CPR was initiated when respirations stopped. EMTs took over when they arrived to the facility. Resident D expired at 6:08 P.M.</p> <p>[DATE] at 12:49 P.M. - Change of Condition - Late entry clarification for [DATE] at 5:39 P.M., nursing staff inadvertently notified physician of resident having a DNR status. Physician stated to continue to monitor. At 5:42 P.M., Resident D's code status was verified and noted to be full code. At 5:43 P.M., nursing staff entered Resident D's room and initiated emergency responses.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155384
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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:00 P.M., Licensed Practical Nurse (LPN) 6 indicated after observing Resident D in her room on [DATE] at 5:39 P.M., the physician was notified and informed of the resident's code status of DNR. LPN 6 then called Resident D's family and realized that Resident D's record indicated a code status of full code. LPN 6 indicated that the incorrect code status was listed on a printed document of all residents' code status kept at the nurse's station. LPN 6 indicated that the printed document incorrectly listed Resident D as having a code status of DNR. The printed document had been removed from the nurse's station and disposed of on [DATE].</p> <p>On [DATE] at 1:05 P.M., the Director of Nursing (DON) indicated that staff should verify residents' code status by referencing the resident's medical record.</p> <p>On [DATE] at 3:15 P.M., the DON provided an undated facility policy titled, Communication of Code Status. The policy indicated, It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information . 4. The designated sections of the medical record are: an order / post form. 5. Additional means of communication of code status include: post form binder .</p> <p>3XXX,d+[DATE](f)(7)</p>