

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Brickyard Healthcare - Woodbridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  816 N First Ave Evansville, IN 47710	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>39130</p> <p>Based on interview and record review, the facility failed to ensure dialysis care was provided for 1 of 3 residents reviewed for dialysis. Routine assessments were not completed as ordered and the physician was not notified when a resident refused or stopped dialysis treatments early. (Resident B)</p> <p>Finding includes:</p> <p>During record review on 3/6/25 at 10:30 A.M., Resident B's diagnoses included, but were not limited to, end stage renal disease and dependence on renal dialysis.</p> <p>Resident B's most recent admission Minimum Data Set (MDS) assessment, dated 2/6/25, indicated the resident was cognitively intact and received dialysis services.</p> <p>Resident B's physician orders included, but were not limited to, dialysis treatment on Tuesdays, Thursdays, and Saturdays (started 2/1/25), monitor dialysis dressing for bleeding, every day and night shift for left dialysis permacath (started 2/1/25).</p> <p>Resident B's care plan included, but was not limited to, resident needs dialysis due to renal failure (started 2/21/25). Interventions included, but were not limited to observe permacath for placement routinely.</p> <p>Resident B's Treatment Administration Record (TAR) for February &amp; March, 2025 indicated no monitoring of the resident's left dialysis permacath occurred on 2/14/25 night shift, 2/18/25 day shift, or 3/2/25 night shift.</p> <p>Resident B's dialysis/observation communication forms contained the following:</p> <p>2/6/25 - Resident only stayed 1.5 hours. Resident left against medical advice (AMA).</p> <p>2/8/25 - Resident refused to stay. Resident left early AMA.</p> <p>2/13/25 - Resident requested early termination from dialysis treatment.</p> <p>2/15/25 - Resident refused dialysis treatment.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident B's progress notes contained no documentation that the physician was notified on 2/6/25, 2/8/25, 2/13/25, or 2/15/25 when the resident refused or left dialysis AMA.</p> <p>During an interview on 3/7/25 at 11:15 A.M., LPN 4 indicated nursing staff assess a resident's dialysis access site daily and documented in the TAR or nurse's progress notes. If a resident refused dialysis or left dialysis before their treatment was completed, the resident's physician should be notified and the notification should be documented.</p> <p>On 3/7/25 at 9:20 A.M., the facility administrator supplied a facility policy titled, Hemodialysis dated, 2024. The policy indicated, 8. The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications . 10. The facility will communicate with the attending physician, dialysis facility and/or nephrologist of any canceled or postponed dialysis treatments and document any responses to the changes in treatment in the medical record . 16. Residents with external dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled .</p> <p>This citation relates to complaint IN00454852.</p> <p>3.1-37(a)</p>		