STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155390	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Woodbridge Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to ensure care plans were developed and implemented for 1 of 4 residents reviewed for falls and 1 of 1 residents reviewed for catheters and activities. Fall interventions were observed out place, catheter interventions were observed out of place, and a resident did not have an activities care plan. (Resident 5 and Resident 3)Findings include:1. On 7/23/25 at 10:36 A.M., Resident 5's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and dementia. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 6/27/25, indicated Resident 5 had severe cognitive impairment, was dependent on staff (staff does all of the work) for transfers, and had no falls since the prior assessment. A care plan conference was completed 7/23/25 at 2:29 P.M. A care plan conference note indicated that care plans were reviewed and were up to date. A risk for falls care plan, initiated 3/8/24, included, but were not limited to, the following interventions:Place Call Don't Fall sign in room, dated 8/14/24 On 7/24/25 at 9:15 A.M., there was not a Call Don't Fall sign observed in Resident 5's room. On 7/24/25 at 9:28 A.M., Registered Nurse (RN) 3 indicated there was not a Call Don't Fall sign in Resident 5's room and she was not sure if that intervention was in his plan of care. On 7/24/25 at 10:03 A.M., Regional Support 9 indicated that she found the Call Don't Fall sign on the floor behind some furniture. She indicated the tape used was not sticky enough to hold it and it must have fallen down at some point. 2. On 7/21/2025 at 11:44 A.M., Resident 3's catheter bag was observed laying across the resident's leg while the resident was sitting in a wheelchair in the activities room. At that time, Resident 3 indicated he did not like sitting around all day and he felt like there were not enough age-appropriate activities. On 7/24/25 at 9:00 A.M., Resident 3's catheter bag was observed sitting on the edge of the extended left leg peddle while the resident was sitting in the activities room On 7/23/2025 at 2:09 P.M., Resident 3's clinical record was reviewed. Diagnoses included but were not limited to neurogenic bladder and Diabetes Mellitus Type 2. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most current Quarterly Minimum Data Set (MDS) Assessment, dated 6/13/25, indicated Resident 3 had mild cognitive impairment. Resident 3 required setup assistance from staff for eating and was dependent on staff for hygiene, dressing, and mobility. The resident had a suprapubic catheter. Current physician orders included, but were not limited to:Foley catheter care every shift and PRN (as needed) every day and night shift, dated 6/2/25. Catheter type 16 French (FR) with 10 Cubic Centimeters (cc) Balloon Size related to pressure ulcer of unspecified buttock stage 4 every day and night shift, dated 12/26/24. May participate in activities by per individual Plan of Care (POC), dated 12/23/24. A care plan conference was completed on 7/11/24 and the care plan was reviewed. A suprapubic catheter care plan, initiated 12/31/24, included, but were not limited to, the following interventions: Position catheter bag and tubing below the level of the bladder and away from entrance room door, dated 12/31/24 The clinical record lacked a care plan related to activities for Resident 3. During an interview on 7/23/25 at 3:50 P.M., the Activities Director indicated each resident should have a care plan for activities upon admission, significant change, quarterly, and annually. During an interview on 7/23/25 at 3:50 P.M., the Activities Director indicated each resident should have a care plan for activities upon admission, significant change, quarterly and annually. On 7/24/24 at 2:36 P.M., the Administrator provided a current non-dated policy Comprehensive Care Plan. The policy indicates .the care planning process will describe a minimum .the services that will be furnished to attain or maintain the resident's highest physical, mental psychosocial well-being . On 7/24/25 at 2:36 P.M., the Administrator provided a current Comprehensive Care Plan, dated 2025, that indicated It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. 3.1-35(a)3.1-35(b)(1)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure proper infection practices and standards were followed for 1 of 2 residents with catheters and 2 of 2 random observations. Staff did not perform adequate hand hygiene during catheter care and multi-resident use glucometers were not cleaned according to manufacture instructions. (Resident 47, Resident 17, and Resident 31)Finding includes: 1. During a random observation on 7/23/25 at 6:40 A.M., Qualified Medication Aide (QMA) 5 was observed cleaning a multi-resident use glucometer with an alcohol preparation pad after performing an Accu-Chek on Resident 17. 2. During a random observation on 7/23/25 at 7:00 A.M., Qualified Medication Aide (QMA) 5 was observed cleaning a multi-resident use glucometer with an alcohol preparation pad after performing an Accu-Chek on Resident 31. During an interview on 7/25/25 at 9:00 A.M., the Regional Director indicated glucometers were cleaned for 1 minute using cleaning wipes per manufacture's instruction. The facility used Micro Kill 1 Germicidal Wipes. 3. During an observation of catheter care on 7/24/25 at 10:06 A.M., LPN 17 put on a gown and gloves, entered Resident 47's room. LPN 17 and QMA 15 positioned Resident 47 and removed her brief. QMA 15 removed her gloves and washed her hands for 12 seconds. QMA 15 put new gloves on and cleaned around Resident 47's suprapubic catheter then downwards, and then dried in same motions. QMA 15 and LPN 17 bagged up dirty linens, emptied wash basins, and removed gowns and gloves. QMA 15 washed her hands for 7 seconds and exited Resident 47's room. LPN 15 exited Resident 47's room then used hand sanitizer, rubbing her hands together for three seconds before carrying dirty linens away. On 7/23/25 at 10:47 A.M., Resident 47's clinical record was reviewed. Resident 47 was admitted on [DATE]. Diagnoses included, but were not limited to, incontinence. The most recent Annual Minimum Data Set (MDS) Assessment, dated 5/20/25, indicated Resident 47 was cognitively intact and was dependent on staff (staff does all of the work) for toileting, bathing, and transfers. Physician orders included, but were not limited to: Foley catheter care every shift; start date 10/8/24 Enhanced Barrier Precautions: Sign outside resident's room, gown and gloves for high contact resident care activities, used for residents with known MDRO (multi-drug resistant organism) or have an increased risk of MDRO acquisition (residents with wounds or indwelling medical devices), face shield should be used for any tasks that have a high potential of splash or spray; Start date 5/9/25 Care plans included. but was not limited to:History of urinary tract infection related to having an indwelling catheter; Date initiated 9/13/24 Resident requires contact isolation; Date initiated 6/20/25 On 7/24/25 at 2:36 P.M., the Administrator provided a policy titled Hand Hygiene, dated 2025, that indicated Hand hygiene technique when using alcohol based hand rub: apply to palm of one hand the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	amount of product recommended by the manufacturer. Rub hands together, covering all surfaces of hands and fingers until hands feel dry. This should take about 20 seconds. Hand hygiene technique when using soap and water: Wet hands with water . Apply to hands the amount of soap recommended by the manufacturer. Rub hands together vigorously for at least 20 seconds, covering all of the surfaces of the hands and fingers. Rinse hands with water. On 7/24/25 at 2:36 P.M., the Administrator provided a current undated Glucometer Disinfection policy that indicated .glucometers will be cleaned and disinfected after each use based on the manufacturer's instructions whether they are intended for single or multiple resident use . 3.1-18(b)(1)3.1-18(l)