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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/23/2025 |
| NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Elkhart Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W Hively Ave Elkhart, IN 46517 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34966</p> <p>Based on interview and record review, the facility failed to implement their policy related to reporting an allegation of abuse for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 1/22/25 at 12:45 P.M., Resident B indicated one night the previous week,</p> <p>Employee 3 entered her room to assist with changing her brief. Resident B indicated Employee 3 commented the odor was strong and sprayed her buttocks with room deodorizer and then pushed the spray can into her rectum. Resident B indicated on 1/20/25, at an unknown time, she was in the lobby of the facility and reported the incident to Employee 6. Resident B indicated on 1/22/24 during morning physical therapy, she reported the allegation to Employee 2.</p> <p>During an interview on 1/22/25 at 1:15 P.M., the Administrator indicated he was made aware of an allegation of abuse for the first time from Employee 2 on 1/22/25 at 12:30 P.M. The Administrator indicated he immediately suspended Employee 3, pending an investigation, reported the allegation to the State Agency, and initiated an investigation. The Administrator indicated the allegation of abuse should have been reported to him by Employee 6 immediately and that Employee 6 had been trained regarding the requirement to report all allegations of abuse to the Administrator and Director of Nursing immediately.</p> <p>During an interview on 1/23/25 at 1:25 P.M., Employee 6 indicated sometime in the evening of 1/20/25, Resident B was in the lobby of the facility and reported to her that sometime in the night on 1/16/25, Employee 3 entered her room to change her brief and and sprayed her with room spray and made remarks about the way she smelled and that the employee practically sodomized her with the can of room spray. Employee 6 indicated she should have reported the allegation immediately to the Administrator but did not.</p> <p>On 1/23/25 at 10:20 A.M., the Administrator provided a policy titled, Abuse, Neglect and Exploitation, dated 2024, and indicated it was the current facility policy. The policy indicated, .The facility will .implement written policies and procedures .Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies .not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>This citation relates to Complaint IN00451700.</p> <p>3.1-28(c)</p> |