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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 10/02/2025 |
| 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) |
| F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was free from verbal abuse, for 1 of 3 residents reviewed for abuse and neglect. (Resident B).Finding includes:On 10/1/25 at 12:16 P.M., Resident B's clinical record was reviewed. Diagnoses included but were not limited to multiple sclerosis, mild cognitive impairment, depression, epilepsy, anxiety, and mood disorder. Review of the resident's most recent Minimum Data Set (MDS), dated [DATE] for a Quarterly Assessment, indicated the resident was mildly cognitively impaired, had demonstrated verbal behaviors directed at others and had other behaviors not directed at others for 1 to 3 days of the assessment 7 day look back period. In addition, the assessment indicated Resident B utilized a motorized wheelchair independently for locomotion and was dependent on others for transferring, toileting, and bathing.A Nursing Progress Note, dated 7/4/25 at 9:00 A.M., indicated CNA 5 had answered Resident B's call light and was then was observed and heard coming out of the resident's room screaming. CNA 5 indicated that Resident B had ran over their foot with her motorized wheelchair, which caused the CNA pain. The Nursing Progress Note indicated Resident B immediately came out of the room in the motorized wheelchair, at a high rate of speed , coming right behind CNA 5. The resident indicated CNA 5 had hit her in her throat and pushed her into her chair. The Nursing Progress Note went on to indicate that a verbal altercation had ensued between CNA 5 and Resident B and multiple staff members had intervened to de-escalate the verbal altercation. Resident B and CNA 5 were immediately separated, and CNA 5 was asked to clock out and leave the facility premises. Resident B was taken back to her room for a full body assessment. Resident B's physical assessment was negative for injuries with no signs of swelling, bruising, or scratches found on her neck or chest though she complained of neck pain. The resident's physician, Administrator, Director of Nursing, and responsible parties were notified about the interaction at the time of the incidentAn Incident Report, completed by the local police department dated 7/4/25 at 1:09 P.M., indicated Case #2025-0704-015 incident dated involved, Battery Person Having Care Against Person with Disability. The report indicated the case was cleared with no prosecution.Review of the Indiana State Department of Health Incident Number 591 report, dated 7/4/25, was submitted by the facility on 7/4/25. The incident report indicated on 7/4/25 at 9:01 A.M., Resident B came out of her room on her power chair and ran over CNA 5's foot with her chair. CNA 5 then raised her voice at Resident B and Resident B alleged that CNA 5 hit her in the front of her neck while attempting to provide care. The resident was assessed immediately with no findings though she complained of discomfort to the front of her neck. All parties were notified. CNA 5 was removed from the facility and suspended pending an investigation, and then terminated for failure to provide customer service to Resident B.On 10/2/25 at 10:00 A.M., the Administrator provided the policy titled Abuse, Neglect and Exploitation, dated 2022, indicating it was the current facility policy. The Policy indicated, .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse.Abuse means the willful infliction of injury.It includes verbal abuse.This citation relates to Intake 26183923.1-27(b)</p> | | |