STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155685	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Elkhart Care Center	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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an unusual occurrence was reported to the State Agency, when 1 of 3 residents reviewed for accidents was burned by hot coffee when the resident spilled the coffee in her lap, (Resident B).Findings include:On 4/29/26 at 9:56 A.M., Resident B's clinical record was reviewed. The resident was admitted to the facility with diagnoses that included, but were not limited to, metabolic encephalopathy and vascular dementia.Resident B's most recent comprehensive Minimum Data Set, (MDS) Assessment, an annual assessment dated [DATE] indicated the resident had severe cognitive impairment and required supervision for eating.A review of the resident's Nursing Progress Notes included the following: On 3/19/26 at 5:30 P.M., a Certified Nursing Assistant brought Resident B back from the dining room and indicated the resident had spilt coffee in her lap. The resident was noted to have redness with fluid filled blisters to the groin and bilat thigh area and had complained of mild discomfort. The Nursing Progress Note indicated that the resident's responsible party was notified and requested the facility send Resident B to the local emergency room (ER) for treatment and evaluation.Resident B's ER report, dated 3/19/26 at 7:55 P.M., indicated the resident had presented to the local ER for a burn obtained when the resident had been drinking coffee and had spilled it onto her lap. She had sustained partial burns with blistering to the left thigh. The burn was cleansed and antibiotic ointment was applied. The differential diagnoses included but were not limited to: superficial burn, partial-thickness burn, and full-thickness burn.A review of the Wound Nurse's documented skin check assessment, dated 3/25/2026 at 2:30 P.M., indicated Resident B had new wounds described as a full thickness burn acquired at the facility that measured 8.5 cm long x 4 cm wide to the right thigh. The skin check assessment also indicated a new wound described as a full thickness burn acquired at the facility that measured 4 cm long x 3.5 cm wide. The burns to bilateral inner upper thighs near the groin region were documented as full thickness in that they presented with mild redness and fragile skin surrounding both wounds.A Physician's Progress Note, dated 4/6/26, indicated Resident B's physical exam included abnormal skin with injuries/Bruises noted and burns to both of her right and left inner thighs. The note indicated the presence of burns to the Resident's bilateral inner thighs required ongoing skin surveillance to prevent secondary complications and delayed healing.Resident B's physician's orders related to the treatment of the burns, included but were not limited to;Silvadene External Cream 1 % to apply to groin and bilateral upper thighs, dated 3/19/26 through 3/20/26.Silvadene External Cream 1 % to apply to groin and bilat upper thighs, 3/20/2026 through 3/25/26.Gently cleanse wound to right inner thigh with normal saline, pat dry, apply a thin even layer of Thera honey Gel to slough on wound bed, then place calcium alginate with silver. Apply Skin prep surrounding skin. Cover with 6x6 silicone super absorbent dressing. Change daily and as needed if soiled, dated 3/26/26 through 3/27/26.Gently cleanse wound to left inner thigh with normal saline, pat dry, apply a thin even layer of Thera honey Gel to slough on wound bed, then place calcium alginate with silver. Apply Skin prep surrounding skin. Cover with 6x6 silicone super absorbent dressing. Change daily and as needed if soiled, dated 3/26/26 through 3/27/26.Gently cleanse wound to right inner thigh with normal saline, pat dry, apply (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a hydrogel honey sheet to slough, cover with 6x6 Silicone bordered gauze dressing, change daily and as needed if soiled dated 3/28/26 with no end date.Gently cleanse wound to left inner thigh with normal saline, pat dry, apply a hydrogel honey sheet to slough, cover with 6x6 Silicone bordered gauze dressing, change daily and as needed if soiled dated 3/28/26 with no end date.On 4/29/26 at 11:40 A.M., the Dietary Manager provided the Coffee/Hot Water Temperature monthly logs from 1/1/26 to 4/29/26. The coffee temperatures were recorded at 195 F every breakfast, lunch, and dinner in the logs provided. The Coffee/Hot Water Temperature log form indicated to maintain coffee temperature at 150 F to 160 F.On 4/29/26 at 12:30 P.M., during meal service, the coffee maker in the kitchen was observed to be a BUNN PN53200.0101 Twin SST Tall. The LCD display window indicated, Ready to brew temp: 195 F. During an interview on 4/29/26 at 12:25 P.M., the Dietary Manager indicated it was Dietary Aide 3's responsibility to manually check the temperature of the coffee after it was brewed and before it was served to the residents with a temperature probe. The Dietary Manager indicated Dietary Aide 3 indicated she had not manually checked the coffee temperatures but instead had recorded the LCD display on the coffee maker as the current coffee temperatures. The Dietary Manager indicated she was aware the coffee temperatures were too hot but had never been directed to adjust or check the maintenance of the coffee maker. The Dietary Manager indicated the coffee temperatures were obviously not checked with a temperature probe because it was not reasonable to expect that the coffee temperature would have been 195 F every time since 1/1/26. The Dietary Manager indicated there was no way to know what the actual coffee temperature had been since 1/1/26 and that the coffee should have been served between 150 F and 160 F.On 5/1/26 at 8:30 A.M., during an interview, the Administrator indicated he did not have a specific policy regarding the reporting or investigating procedures for accidental burns. The Administrator indicated he had not realized he was required to report Resident B's burn to the State Agency since the treatment required only basic first aid. The Administrator indicated that through communication with the facility's corporate consultant, he was made aware that he should have reported Resident B's burn to the State Agency, due to the severity of the burn. The Administrator indicated the facility failed to fully investigate the root cause of the burn, and if a complete investigation had taken place, perhaps the facility would have learned that the hot coffee temperatures in the kitchen had not been manually checked as required. The Administrator indicated the facility followed the Indiana State Department of Health's guidelines for reporting.Review of the Indiana Department of Health's Long-Term Care Abuse and Incident Reporting Policy, with an effective date of 12/8/22 to 9/1/27, indicated, .To facilitate compliance with state and federal law and regulation, as applicable, related to reporting of abuse and incidents in licensed long-term care facilities in Indiana.Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, or other health care provider, or others but has not yet been investigation and, if verified, could be noncompliance with the federal requirements.Rules and Regulations Related to Incident Reporting.Types of Incidents Reportable Under Federal and State Rules.Major accidents.Burns greater than first degree.This citation relates to Complaint 2977527.410 IAC (Indiana Administrative Code)16.2-3.1-28(c).

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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 0804 Level of Harm - Actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility failed to ensure hot coffee was served at a safe temperature for 1 of 3 residents reviewed for accidents, resulting in a resident sustaining skin burns when coffee was spilled on her lap, (Resident B). This deficient practice had the potential to affect 112 of 112 residents who could choose to receive daily hot coffee from the facility kitchen.Findings include:On 4/29/26 at 9:56 A.M., Resident B's clinical record was reviewed. The resident was admitted to the facility with diagnoses that included but were not limited to metabolic encephalopathy and vascular dementia.Resident B's most recent comprehensive annual Minimum Data Set, (MDS) Assessment, completed on 3/17/26, indicated the resident had severe cognitive impairment and required supervision for eating.A review of the resident's Nursing Progress Notes included the following: On 3/19/26 at 5:30 P.M., a Certified Nursing Assistant brought Resident B back from the dining room and indicated the resident had spilt coffee in her lap. The resident was noted to have redness with fluid filled blisters to her groin and bilat thigh areas and complained of mild discomfort. The Nursing Progress Note indicated that the resident's responsible party was notified and they had requested the facility send Resident B to the local emergency room (ER) for treatment and evaluation.Resident B's ER report, dated 3/19/26 at 7:55 P.M., indicated the resident had presented to the local ER for a burn obtained when the resident was drinking coffee and had spilt it onto her lap. She had sustained partial burns with blistering to the left thigh. The burn was cleansed and antibiotic ointment was applied. The differential diagnoses included but were not limited to: superficial burn, partial-thickness burn, and full-thickness burn.A review of the Wound Nurse's documented skin check assessment, dated 3/25/2026 at 2:30 P.M., indicated Resident B had a new wound described as full thickness burn acquired at the facility that measured 8.5 cm long x 4 cm wide to the right thigh. The skin check assessment also indicated another new wound, described as a full thickness burn acquired at the facility, that measured 4 cm long x 3.5 cm wide. The burns to Resident B's bilateral inner upper thighs near the groin region were described as full thickness in that they presented with mild redness and fragile skin surrounding both wounds.A Physician's Progress Note dated 4/6/26, indicated Resident B's physical exam had included abnormal skin with injuries/Bruises were noted and burns to both her right and left inner thighs. The note indicated that the presence of burns to the bilateral inner thighs required ongoing skin surveillance to prevent secondary complications and delayed healing.Resident B's physician's orders, related to the treatment and care of the resident's burns, included but were not limited to;Silvadene External Cream 1 % to apply to groin and bilateral upper thighs, dated 3/19/26 through 3/20/26.Silvadene External Cream 1 % to apply to groin and bilat upper thighs, 3/20/2026 through 3/25/26.Gently cleanse wound to right inner thigh with normal saline, pat dry, apply a thin even layer of Thera honey Gel to slough on wound bed, then place calcium alginate with silver. Apply Skin prep surrounding skin. Cover with 6x6 silicone super absorbent dressing. Change daily and as needed if soiled, dated 3/26/26 through 3/27/26.Gently cleanse wound to left inner thigh with normal saline, pat dry, apply a thin even layer of Thera honey Gel to slough on wound bed, then place calcium alginate with silver. Apply Skin prep surrounding skin. Cover with 6x6 silicone super absorbent dressing. Change daily and as needed if soiled, dated 3/26/26 through 3/27/26.Gently cleanse wound to right inner thigh with normal saline, pat dry, apply a hydrogel honey sheet to slough, cover with 6x6 Silicone bordered gauze dressing, change daily and as needed if soiled dated 3/28/26 with no end date.Gently cleanse wound to left inner thigh with normal saline, pat dry, apply a hydrogel honey sheet to slough, cover with 6x6 Silicone bordered gauze dressing, change daily and as needed if soiled dated 3/28/26 with no end date.On 4/29/26 at 11:40 A.M., the Dietary Manager provided the Coffee/Hot Water Temperature monthly logs from 1/1/26 to 4/29/26. The coffee temperatures were recorded at 195 F every breakfast, lunch, and dinner in the logs provided. The Coffee/Hot Water Temperature log form indicated to maintain coffee temperature at 150 F to 160 F.On 4/29/26 at 12:30 P.M., during meal service, the coffee maker in the kitchen was (continued on next page)

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F 0804 Level of Harm - Actual harm Residents Affected - Few	observed to be a BUNN PN53200.0101 Twin SST Tall. The LCD display window indicated, Ready to brew temp: 195 F. During an interview on 4/29/26 at 12:25 P.M., the Dietary Manager indicated it was Dietary Aide 3's responsibility to manually check the temperature of the coffee after it was brewed and before it was served to the residents with a temperature probe. The Dietary Manager indicated Dietary Aide 3 indicated she had not manually checked the coffee temperatures but instead had recorded the LCD display temperature on the coffee maker as the current coffee temperature. The Dietary Manager indicated she was aware the coffee temperatures documented had been too hot but was never directed to adjust or check the maintenance of the coffee maker. The Dietary Manager indicated the coffee temperatures had obviously not been checked with a temperature probe because it was not reasonable to expect that the coffee temperature would have been 195 F every time they were documented as checked since 1/1/26. The Dietary Manager indicated there was no way to know what the actual coffee temperature had been since 1/1/26 and that coffee should have been served between 150 F and 160 F.On 5/1/26 at 8:30 A.M., the Administrator provided the policy titled, Hot Liquid Safety, dated 2022, and indicated it was the current facility policy. The policy indicated, .Hot liquids are to be served at proper (safe and appetizing) temperatures using appropriate safety precautions.'Proper (safe and appetizing)temperature' means both appetizing to the resident and minimizing the risk for scalding and burns.'Scalding' is a burn caused by spills.and hot beverages.Regulate temperature of hot liquids to which residents have direct access.Literature reference: https://pubmed.ncbi.nlm.nih.gov/18226454/ .Hot beverages such as tea, hot chocolate, and coffee are frequently served at temperatures between 160 degrees F (71.1 degrees C) and 185 degrees F (85 degrees C). Brief exposures to liquids in this temperature range can cause significant scald burns.The preferred drinking temperature of coffee is specified in the literature as 140+/-15 degrees F. Literature reference: https://pubmed.ncbi.nlm.nih.gov/31294834/ Hot beverages are served ubiquitously in the food-service industry as well as at residences and other venues. Coffee and tea beverages, in particular, are brewed at temperatures that are sufficiently high to cause immediate and serious risk for scald injuries. On the other hand, numerous research studies have been performed to identify the preferred consumption temperatures for hot beverages. The outcome of these mutually reinforcing studies is that the preferred drinking temperatures are significantly below the often-encountered brewing temperatures (ˆ200 F). Consequently, there is great need to distinguish brewing temperatures from serving temperatures. Serving consumers beverages at very high temperatures is not only unnecessary (from a preference standpoint) but also unsafe. An appropriate range for service temperatures is (130 to 160 F). PRACTICAL APPLICATION: Often times, hot beverages are served at temperatures near their brewing temperature; far hotter than preferred by consumers. This practice creates unnecessary risk to the consumer. A more rationale recommended range of service temperatures is 130 to 160 F. This recommendation balances a range of consumer preferences and safety.This citation relates to Complaint 2977527.410 IAC (Indiana Administrative Code)16.2-3.1-45(a)(1).