

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Brickyard Healthcare - Muncie Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2701 Lyn-Mar Dr Muncie, IN 47304	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40339</p> <p>Based on record review and interview, the facility failed to follow physician ordered parameters for medication administration related to a blood pressure medication for 1 of 3 residents reviewed for quality of care. (Resident B)</p> <p>Findings include:</p> <p>Resident B's closed clinical record was reviewed on 2/5/25 at 9:55 a.m. Diagnoses included heart failure, hypertension, constipation, dementia, and schizoaffective disorder. She was transferred to an emergency department and discharged from the facility on 12/28/25.</p> <p>A signed physician's order, dated 10/15/24, indicated to give metoprolol succinate extended release (to treat high blood pressure) 25 mg (milligram), 1/2 tablet (12.5 mg) in the evening to treat heart failure. The order indicated to hold the medication for a systolic blood pressure (SBP) below 100 and heart rate (HR) less than 60 beats per minute (BPM).</p> <p>On 12/22/24 at 8:00 p.m., the resident's SBP was 110 and her HR was 62 BPM. The resident's electronic medication administration record for December 2024, indicated the medication was held. The record lacked indication of the reason the medication was not administered.</p> <p>A signed physician's order, dated 10/11/24, indicated to give hydralazine hydrochloride (to treat high blood pressure) 100 mg, one tablet every eight hours for hypertension. Order indicated to hold medication for a SBP below 110 and/or a HR below 60 beats per minute.</p> <p>A review of the residents electronic medication administration record for December 2024, included the following:</p> <ul style="list-style-type: none"> <li>a. On 12/10/24 at 1:00 p.m., the resident's SBP was 102. The clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</li> <li>b. On 12/16/24 at 1:00 p.m., the resident's SBP was 92, the clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</li> <li>c. On 12/19/24 at 1:00 p.m., the resident's SBP was 105, the clinical record indicated the medication was administered to the resident. The record lacked indication of the medication being held.</li> </ul> <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>d. On 12/22/24 at 9:00 p.m., the resident's SBP was 110, the clinical record indicated the medication was held and not administered. The record lacked indication of reason for the medication being held.</p> <p>During an interview on 2/6/25 at 2:15 p.m., the DON indicated the medication should have been held or administered per physician order when within or outside of ordered parameters.</p> <p>A current facility policy, dated 2024, titled, Medication Administration, provided by the DON on 2/6/25 at 2:50 p.m., included the following: Policy Explanation and Compliance Guidelines: .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside of the physician's prescribed parameters.</p> <p>This citation relates to Complaints IN00451394 and IN00451774.</p> <p>3.1-37(a)</p>		