

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2024
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BLOOMINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 155 E BURKS DR BLOOMINGTON, IN 47401
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00429746 and IN00430007.</p> <p>Complaint IN00429746 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430007 - Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: March 28 and April 2, 2024</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census Bed Type: SNF/NF: 116 Total: 116</p> <p>Census Payor Type: Medicare: 4 Medicaid: 96 Other: 16 Total: 116</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 4, 2024.</p>	F 0000	The submission of this Plan of Correction, for survey event ID 1C4421 does not indicate an admission by Bloomington Care Center that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Bloomington Care Center. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities. To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only. We are requesting paper compliance for this survey.	
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott Swaby	Executive Director	04/22/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to prevent a fall when staff did not use a gait belt (an assistive device used by staff that wraps around a resident to assist the resident and staff with a transfer) to transfer a resident who was dependent on staff for transfers for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding included:</p> <p>During an interview on 4/2/24 at 9:37 a.m., Resident B indicated she had more than one fall. Resident B thought she had a fall when she took a shower.</p> <p>During an interview on 4/2/24 at 11:22 a.m., CNA 1 (Certified Nursing Aide) indicated CNA 1 and CNA 2 took Resident B to the shower room. When CNA 1 and CNA 2 attempted to transfer Resident B, Resident B's knee went out and CNA 1 and CNA 2 lowered Resident B to the floor. Neither CNA 1 nor CNA 2 used a gait belt to assist Resident B transfer from a wheelchair to the shower chair. CNA 1 should have used a gait belt</p> <p>During an interview on 4/2/24 at 11:27 a.m., CNA 2 indicated CNA 2 and CNA 1 took Resident B to the shower room. CNA 2 and CNA 1 tried to transfer Resident B and Resident B's knee went out. Resident B was lowered to the floor. CNA 2 should have used a gait belt for the transfer.</p> <p>The clinical record for Resident B was reviewed on 4/2/24 at 9:45 a.m. The diagnoses included, but were not limited to, multiple sclerosis, anxiety, and</p>	F 0689	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident had no negative outcomes from this allegation. Staff were re-educated on the use of Gait Belts for this resident. Residents careplan and Kardex were reviewed and updated as needed.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>No other residents were identified as being affected.</p> <p>What Measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Staff were re-educated on the use and requirement of Gait Belts. Staff were re-educated on the Kardex system and where to obtain information related to resident care and transfers.</p>	04/22/2024
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	<p>bipolar disorder.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 3/9/24, indicated Resident B was moderately cognitively impaired. Resident B was dependent (staff did all effort for transfers) for chair to chair transfers.</p> <p>A Post Fall Evaluation, dated 2/19/24 at 11:47 a.m., indicated Resident B lost balance and was lowered to the floor by CNA 1 and CNA 2 in the shower room. CNA 1 and CNA 2 did not use a gait belt.</p> <p>During an interview on 4/2/24 at 12:15 p.m., the DON (Director of Nursing) indicated CNA 1 and CNA 2 should have used a gait belt to transfer Resident B.</p> <p>On 4/2/24 at 10:32 a.m., the DON provided a copy of an undated facility policy, titled Use of Gait Belt, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety.</p> <p>This citation relates to Complaint IN00430007.</p> <p>3.1-45(a)(2)</p>		<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>Staff will utilize the audit tool "Gait Belts" to determine substantial compliance. The audit will be completed by the Director of Nursing or designee. It will be completed weekly for 4 weeks, bi-monthly for 4 weeks and monthly for 2 months or until compliance is achieved. The Audit will be submitted to the Quality Assurance team monthly and will be reported until substantial compliance is determined.</p> <p>By what date the systemic changes for each deficiency will be completed; The completion date will be 4/22/2022</p>	