PRINTED: 07/12/2024 FORM APPROVED

CENTERS FOR	MEDICARE & MEDIC	CAID SERVICES				OM	IB NO. 0938-039
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155264	B. W.	ING		06/20/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIE	R			STRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENT	ER		10ND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
F 0000							
Bldg. 00							
		Recertification and State	F 00	000	Preparation, submission and		
	Licensure Survey.				implementation of this Plan of		
	-	omplaints IN00436200 and			Correction does not constitute		
		visit resulted in an Extended			admission or agreement with		
	-	ard Quality of Care - Immediate			facts and conclusions set forth		
	Jeopardy.				the survey report. Our plan of		
	~ 11 . 770040				correction was prepared and		
	_	6200 - No deficiencies related to			executed as a means of to		
	the allegations are	cited.			continuously improve the qual	ity of	
	~ 1.1 . T.T.O.10				care and comply with all		
	_	9831 - No deficiencies related to			applicable state and federal		
	the allegations are	cited.			requirements.		
	Survey dates: June	13, 14, 17, 18, 19, and 20, 2024.					
	Facility number: 00	00165					
	Provider number: 1				The facility respectfully reques	sts a	
	AIM number: 1002	288220			desk review of our responses this survey.		
	Census Bed Type:				uno survey.		
	SNF/NF: 75						
	Total: 75						
	Census Payor Type						
	Medicare: 5						
	Medicaid: 44						
	Other: 26						
	Total: 75						
	1541.75						
	These deficiencies	reflect State Findings cited in					
	accordance with 41	C					
	Quality review con	npleted on June 28, 2024.					
F 0550	483.10(a)(1)(2)(b))(1)(2)					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Resident Rights/Exercise of Rights

§483.10(a) Resident Rights.

SS=D

Bldg. 00

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	NG		06/20/	/2024
NAME OF I	PROVIDER OR SUPPLIEI	₹			ADDRESS, CITY, STATE, ZIP COD		
DDIOI04		- 001 DEN DIN E 04 DE 0ENTE	_		TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTEI	₹	RICHM	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	T-	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE
	The resident has	a right to a dignified					
	existence, self-de	-					
		ith and access to persons					
		le and outside the facility,					
		pecified in this section.					
	inolading those sp	bedilled in this section.					
	8483 10(a)(1) Δ fa	acility must treat each					
	- , , , ,	ect and dignity and care for					
	· ·	manner and in an					
		promotes maintenance or					
		nis or her quality of life,					
		resident's individuality. The					
	the resident.	ct and promote the rights of					
	ine resident.						
	\$492 10(a)(2) The	facility must provide equal					
	- , , , ,	e facility must provide equal					
		care regardless of					
	-	y of condition, or payment					
		must establish and					
		policies and practices					
		r, discharge, and the					
		ces under the State plan for					
	all residents regai	rdless of payment source.					
	0.400.40 % > =						
	§483.10(b) Exerc	_					
		the right to exercise his or					
		sident of the facility and as					
	a citizen or reside	nt of the United States.					
	0.400.40 (1.11) =:						
	. , , ,	e facility must ensure that					
		exercise his or her rights					
		ce, coercion, discrimination,					
	or reprisal from th	e facility.					
		e resident has the right to be					
		e, coercion, discrimination,					
	· ·	the facility in exercising his					
	-	o be supported by the					
	facility in the exer	cise of his or her rights as					
	required under thi	s subpart.					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155264 B. WING 06/20/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2330 STRAIGHT LINE PIKE BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER RICHMOND, IN 47374 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE F 0550 -what corrective action(s) will be 07/11/2024 Based on observation, interview, and record accomplished for those residents review, the facility failed to ensure services were found to have been affected by the provided to preserve the dignity of a dependent deficient practice resident who required the assistance of staff for Staff ensured resident 2s clothing activities of eating and dressing by removing food was free of debris. Confidential debris from the resident's clothing after a meal and resident states on 2567 that the provide incontinent care in a timely manner for a call light was addressed, and care resident dependent on staff assistance with was completed at that time. toileting for 2 of 5 residents reviewed for dignity. -how other residents having the (Resident 2 and confidential resident) potential to be affected by the same deficient practice will be Findings include: identified and what corrective actions will be taken All residents 1. The clinical record for Resident 2 was reviewed have the potential to be affected. on 6/18/2024 at 11:10 a.m. The medical diagnosis Advocates completed rounds on included heart failure. all residents to ensure resident cleanliness and completed A baseline activities of daily living care plan, interviews on call light dated 5/28/2024, indicated to assist Resident 2 timeliness. All concerns were with eating as needed. This care plan did not addressed, and proper follow-up indicate the amount of assistance, or the number completed. Attachment #1A and of staff needed. #1B An Admission Minimum Data Set Assessment, -what measures will be put into dated 5/30/2024, indicated that Resident 2 was place and what systemic changes cognitively impaired, independent with eating, will be made to ensure that the and needed substantial to maximum assistance deficient practice does not with dressing. recur DNS or designee completed education with all staff on An observation and interview, on 6/14/2024 at promoting and maintaining

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11:30 a.m., with Family Member 12 indicated that

condition since they were admitted to the facility

at the end of May. Family Member 12 tried to

come every day to spend time with her mother. She usually arrived between 11:00 and 11:30 a.m.

Resident 2 needed assistance with eating and

there had been multiple times that Resident 2

would be found covered in food on her clothing,

Resident 2 had an overall decline in their

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resident dignity which includes

incontinence care and assisting

with removing debris from resident

clothing following meals, and call

timeliness. Attachment #2 and

includes monitoring resident for

#3A. #3B. #3C. #3DAdvocate

education completed which

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 06/20/2024 155264 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2330 STRAIGHT LINE PIKE BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER RICHMOND, IN 47374 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE have food spilled in her room on the floor, and still cleanliness, monitoring assistive have her breakfast tray in her room when Family devices for cleanliness, and Member 12 came to visit around 11:00 a.m. to 11:30 interviewing resident about call a.m. Family Member 12 recalled an event that had light response times. Advocate rounds to be completed 5 X happened less than a week ago, on what she believed was 6/9/2024, resulted in Family Member weekly. Attachment #4A and 12 making a formal grievance that she had not #4BDNS or will conduct random received any follow through on. She stated she audits and resident interviews to came in that morning of 6/9/2024, "around 11:00 or ensure staff are maintaining 11:30 a.m.", and her mother (Resident 2) was resident dignity. Audits and sitting in her chair. Family Member 12 recalled that interviews will be completed on when she pulled down Resident 2's blanket some, random shifts to include all shifts. she found her mother with dried oatmeal all down Audits will be completed 5X the front of her clothing and had a gripper sock weekly X4 weeks, 3X weekly X 4 missing. Family Member 12 indicated that this was weeks, weekly X 4 weeks, and very upsetting to her, coupled with other events monthly thereafter to complete 6 of 6/9/2024. So, Family Member 12 talked to the months. Attachment #5-how the Director of Nursing about everything. Family corrective action will be monitored Member 12 indicated that she had not heard to ensure that deficient practice anything about any of her concerns. She felt if her will not recur; I.e., what quality mother was more cognitively aware, she would assurance program will be put into have been "embarrassed" by the state she was place found in. During this observation, it was noted there was tan debris built up on the brown The results of these audits to be recliner. Family Member 12 indicated it was reviewed at QAPI x 6 months to oatmeal dried on the recliner and has been there track for any trends. If any since the aforementioned event. identified, will continue audits based on QAPI recommendations, An activities of daily living care plan, dated otherwise will review on PRN 5/28/2024, indicated to assist Resident 2 with basis. eating as needed. -by what date the systemic changes for each deficiency will A grievance form, dated 6/9/2024, indicated that be completed staff did not "know/realize" Resident 2 had 7/11/2024 oatmeal on her clothing that day. 7/11/2024 A confidential staff interview completed during the survey indicated that they assisted with Resident 2's care, on 6/9/2024, and it was a "bad day". They did not realize Resident 2 had oatmeal

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	(X3) DATE SURVEY COMPLETED 06/20/2024	
	PROVIDER OR SUPPLIEI	R E - GOLDEN RULE CARE CENT	2330 S	ADDRESS, CITY, STATE, ZIP CO TRAIGHT LINE PIKE OND, IN 47374	D		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API	ECTION ULD BE PROPRIATE	(X5) COMPLETION	
TAG	on her clothing, but	t "so much was happening" vere unusually busy.	TAG	DEFICIENCY)		DATE	
		esident record was reviewed on b.m. The medical diagnosis for ed muscle wasting.					
	indicated the confid	inimum Data Set Assessment dential resident was cognitively nt on staff for assistant with					
	in April of 2024, in incontinence of bla break down related	revised care plans, last revised idicated that the resident had dder and was at risk for skin to incontinence. An wide the resident with was listed					
	conducted during the indicated that they for their call light to recently, over the walmost 45 minutes answered. Due to the assistance, they had themselves with bothey had looked at the call light, at 10: respond until 11:30 were sitting in their	ial resident interview he survey, the resident were made to wait a long time to be answered. They indicated weekend, they had to wait to have their call light he long wait time to receive d lost their urine and soiled twel movement. They indicated their cellphone when they hit 45 a.m., and the staff did not a.m. The resident stated they "mess" the majority of that tem feel "disgusted and					
	6/19/2024 at 2:00 p should be treated w	the Director of Nursing, on h.m., indicated that residents with dignity and respect, that hould be assisting with cleaning					

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of the resident and their clothing after meals if

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264			UILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/20/	ETED	
	PROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTE	ER.	2330 ST	DDRESS, CITY, STATE, ZIP COD RAIGHT LINE PIKE DND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION
IAU	indicated, and all st answering call light on residents' need. A copy of the residental Area Vice Presidental	aff are responsible for its and delegating needs based ent rights was provided by the t on 6/18/2024 at 12:45 p.m. The cated that, "The resident has		TAG			DATE
F 0584 SS=D Bldg. 00	comfortable and h including but not li	nvironment. a right to a safe, clean, nomelike environment,					
	homelike environr to use his or her p extent possible. (i) This includes end can receive care at the physical layou resident independ safety risk. (ii) The facility sha	orovide- ofe, clean, comfortable, and ment, allowing the resident personal belongings to the common that the resident personal belongings to the common that the resident personal belongings to the common that the resident personal that the facility maximizes belonge and does not pose a common that the resident's property					
	services necessar orderly, and comfo	an bed and bath linens that					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 155264		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU A. BUILDING 00 COMPLET B. WING 06/20/20			LETED		
	PROVIDER OR SUPPLIE	R E - GOLDEN RULE CARE CENTER	₹	2330 S	ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	§483.10(i)(4) Privresident room, as (iv); §483.10(i)(5) Adelighting levels in a second for second	ate closet space in each specified in §483.90 (e)(2) quate and comfortable all areas; Infortable and safe s. Facilities initially certified 990 must maintain a e of 71 to 81°F; and the maintenance of d levels. on, interview, and record failed to promote a clean esident 2 by having dried debris iner, thick dust built up on a Resident 17, and by having open ledge under the seat and footboard of Resident 46's for 3 of 3 residents reviewed for at. ard for Resident 2 was reviewed and a.m. The medical diagnosis are. imum Data Set Assessment, dicated that Resident 2 was	F 05		what corrective action(s) will be accomplished for those reside found to have been affected be deficient practice. Resident 2 recliner cleaned a debris removed. Resident 17 fan and wheelchair cleaned a dust removed from ledge und seat. Resident 46 motorized scooted cleaned and debris removed from footboard. Indicate the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken Advocate rounds completed on all resid and room cleanliness and adequipment cleanliness ensured. Attachment #6A and #6B-what measures will be puinto place and what systemic changes will be made to ensuthat the deficient practice doerecur DNS or designee complete.	ents by the nd ' box and der elents aptive d ure es not	07/11/2024

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155264 B. WING 06/20/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2330 STRAIGHT LINE PIKE BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER RICHMOND, IN 47374 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE mother usually between 11:00 and 11:30 a.m. education with all staff on safe and Resident 2 needed assistance with eating and homelike environment which there had been multiple times that Resident 2 includes room cleanliness and would be found covered in food on her clothing, wheelchair have food spilled in her room on the floor, and still cleanliness. Attachment #7A and have her breakfast tray in her room. An event that #7B and #3A, 3B, 3C, had happened less than a week ago resulted in 3DAdvocate education completed Family Member 12 making a formal grievance that which includes monitoring resident she did not receive any follow through on. During for cleanliness, monitoring this observation, it was noted there was tan debris assistive devices for cleanliness, built up on the brown recliner that Family Member and ensuring room and personal 12 indicated it was oatmeal and has been there items are clean and free of debris. since the event. Advocate rounds to be completed 5 X weekly. Attachment #4A An observation conducted, on 6/17/2024 at 1:00 #4BDNS or will conduct random p.m., indicated that the tan debris build up on the audits and resident interviews to brown recliner in Resident 2's room remained ensure staff are maintaining a unchanged. clean environment. Audits and interviews will be completed on An observation conducted, on 6/18/2024 at 11:20 random shifts to include all shifts. a.m., indicated that the tan debris built up on the Audits will be completed 5X brown recliner in Resident 2's room remained weekly X4 weeks, 3X weekly X 4 unchanged. weeks, weekly X 4 weeks, and monthly thereafter to complete 6 An interview and observation with Housekeeper months. Attachment #5 -how the 13. on 6/18/2024 at 11:25 a.m., indicated that the corrective action will be monitored food built up on the brown recliner remained, he to ensure that deficient practice indicated he would clean it with a "machine" they will not recur; I.e., what quality have for upholstery, and that cleaning of the assurance program will be put into rooms should be done on their schedule and as place needed. The results of these audits to be reviewed at QAPI x 6 months to 2. The clinical record for Resident 17 was reviewed track for any trends. If any on 6/18/2024 at 1:22 p.m. The medical diagnosis identified, will continue audits included respiratory failure. based on QAPI recommendations, otherwise will review on PRN

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daily living.

An Annual Minimum Data Set Assessment, dated

3/28/2024, indicated Resident 17 was cognitively

impaired and needed assistance with activities of

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be completed

-by what date the systemic

changes for each deficiency will

basis.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII	LDING	00	COMPL	
		155264	B. WIN	G		06/20/	2024
NAME OF P	DOMDED OF CLIPPI 150			STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER			2330 ST	TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹	RICHMO	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL		REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	An observation on	6/13/2024 at 1:20 p.m.,			7/11/2024		
	·	ent 17 utilized a box fan on his					
		Front of the box fan had heavy					
		esident 17 was utilizing					
	oxygen at that time.	_					
		6/17/2024 at 1:07 p.m.,					
		eavy dust built up remained to					
		edside table in Resident 17's					
	room.						
	An interview and ol	bservation with Housekeeper					
		11:20 a.m., indicated that the					
		lust built up on the front of					
	_	could "wipe it down with a					
	rag".						
		rd for Resident 54 was reviewed					
		05 a.m. The medical diagnosis					
	included diabetes w	in neuropamy.					
	A Significant Chang	ge Minimum Data Set					
		6/5/2024, indicated that					
	Resident 54 was cos	gnitively intact.					
		bservation with Resident 54,					
		20 a.m., indicated he primarily					
		d scooter to move about the drops food sometimes					
	<u>-</u>	Cootboard. The footboard was					
		ek grit non-skid top with tan					
		oris. An open ledge under the					
		d scooter was noted to have a					
		uild up with a handprint on the					
	_	e dust. Resident 54 stated he					
	_	aned", but he was not able to					
	do it himself.						
	An absorvation	6/17/2024 of 2:00 n					
	An observation, on	6/17/2024 at 3:00 p.m.,					

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ZI. TEMOTOR	THE CONTENTS OF THE PARTY.	- III CERTICES	_			0	21.0.0,000
STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
		155264	B. W	ING		06/20	/2024
			<u> </u>	STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	t			TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTE	R		OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ootboard was noted to have a					
	-	top remaining with tan and					
		The open ledge under the seat					
		ooter was noted to have a light					
		up with a handprint on the					
	right front side in the dust.						
		he Director of Nursing, on					
		p.m., indicated that the staff					
		Resident 54's wheelchair and					
	_	ar shower days and as					
	needed.						
	A policy entitled, "S	Safe and Homelike					
		provided by the Area Vice					
		024 at 12:45 p.m. The policy					
		cility will provide a safe, clean,					
		omelike environment"					
	,						
	3.1-19(f)						
F 0600	483.12(a)(1)						
SS=G	Free from Abuse a	and Neglect					
Bldg. 00		from Abuse, Neglect, and					
	Exploitation						
	The resident has t	the right to be free from					
		isappropriation of resident					
	property, and expl	loitation as defined in this					
	subpart. This incl	udes but is not limited to					
	freedom from corp						
	-	ion and any physical or					
		not required to treat the					
	resident's medical	symptoms.					
	§483.12(a) The fa	cility must-					
	§483.12(a)(1) Not	use verbal, mental, sexual,					
	- ',','	, corporal punishment, or					
	involuntary seclus	ion;					
			F 0	600	-what corrective action(s) will	be	07/11/2024

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	NG		06/20/	
				_	_		-
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
			_		TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	₹	RICHM	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DECLIPED IN AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE
		on, interview and record			accomplished for those reside	nts	
		failed to ensure residents were			found to have been affected b		
	I	use on the Alzheimer's Care			deficient practice	,	
		for 3 of 5 residents reviewed for			Resident 56 was placed on		
	abuse. (Residents 5				one-on-one supervision until		
	(, , ,			transfer to geriatric psych		
	Findings include:				facilityhow other residents		
					having the potential to be affect	cted	
	1 The clinical reco	rd for Resident 50 was reviewed			by the same deficient practice		
		o.m. The diagnoses included,			be identified and what correcti		
		d to, Alzheimer's disease,			actions will be taken Progress		
	dementia, anxiety,				notes for all residents for revie		
		and monimu.			with no concerns	wcu	
	The 5/15/24 Quarte	erly MDS (Minimum Data Set)			identified. Attachment #8-what	ŧ	
		ed the BIMS (brief interview			measures will be put into place		
		vas not conducted, as she was			and what systemic changes w		
		tood. The staff assessment for			be made to ensure that the	111	
	1 -	ated she had short and			deficient practice does not		
		problems. She did not know the			recur Education completed wit	łh.	
		at she was in a nursing home.			ED/ DNS on daily review of	111	
		for daily decision making were			I -	.Do	
	_	in that she rarely/never made			progress notes to include SBA and Behavior Documentation		
		ted she had physical					
		ns directed towards others,			well as reporting guidelines for		
		king, pushing, scratching,			appropriate touching Attachme		
	_	using others sexually during			#9Education completed with a staff on abuse and behavior	ш	
	-	f the past seven days. She had				ool	
		ymptoms directed towards			management including PRN p		
		ttening, screaming at, and/or			staff. Attachement #10A, #10 #10C, #10D, #10E, #11A #11		
		uring one to three days of the			#11C, #11D, #11E, #3A, #3B,		
	~	ining one to three days of the					
	past seven days.				#3C, #3DDNS or designee to complete on-going monitoring	to	
	The 10/5/22 helessi	or care plan, last revised			, , ,		
		she demonstrated sexually			review documentation. Audit be completed during daily clini		
		viors by entering male resident					
		ale resident's bed, and making			stat up 5X weekly X 4 weeks,		
		nts. The goal, with a target date			weekly X 4 weeks, then weekl	-	
		her to interact with others			complete 6 months. Attachme	HL	
					#12	ho	
		g social and care situations.			The results of these audits to I		
	interventions were	to quietly attempt to redirect,	1		reviewed at QAPI x 6 months	το	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILI		00	COMPL	
		155264	B. WING	·		06/20/	2024
NAME OF B	DOLUDED OD GUDDU ED			STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER				TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	₹ F	RICHMO	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION	7	ΓAG	DEFICIENCY)		DATE
	_	he behavior was not			track for any trends. If any		
	* * *	er physician know if her			identified, will continue audits		
		rfering with her daily			based on QAPI recommendati	ions,	
	health services as no	please refer her to mental			otherwise will review on PRN		
	neath services as no	eeded.			basis.		
	There was no assess	sment/evaluation in the					
	clinical record indic	eating Resident 50 had the					
		to sexual activity in the					
	facility.						
	2 The clinical reco	ord for Resident 74 was					
		4 at 1:17 p.m. Her diagnoses					
		not limited to: dementia,					
	anxiety, and insomr						
	anxiety, and moonin						
	The 5/25/24 Signifi	cant Change MDS assessment					
	_	everely cognitively impaired.					
	She had a behavior	of wandering during one to					
	three of the previou	s seven days. The wandering					
	behavior significant	ly intruded on the privacy of					
	activities of others.						
	An observation of F	Resident 74 was made on					
		. She was continuously					
	_	e unit from the dining room					
	into the hallway and	_					
	The 4/8/24 behavior	r care plan indicated she					
	demonstrated sexua	lly inappropriate behaviors by					
	entering a male resi	dent's room, laying in male					
	resident's bed, and i	nappropriate touching. The					
	goal was for her bel	naviors to lessen.					
	Interventions, effec	tive 4/8/24, were to offer her					
	_	liked as a diversion; let her					
		er behaviors were interfering					
	with her daily care/	living; and to refer her to					
	mental health service	ees as needed.					
	The 4/9/24 behavior	r care plan indicated she					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	î ´	ILDING	instruction 00	(X3) DATE (COMPL 06/20/	ETED
	PROVIDER OR SUPPLIER	C - GOLDEN RULE CARE CENTER	₹	2330 ST	NDDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	wandered in others' others; believed oth husband and became when attempting to to not harm herself Interventions, effect interventions before family aware of belief her behaviors we living and offer her diversion. There was no assest clinical record indict capacity to consent facility. A behavior note, day by LPN (Licensed 1 "Resident was standar a male resident allof front of the other reattempted: Resider redirected. Effective Somewhat effective unit trying to figure male resident. She with anyone whom attempting to keep include documental interventions to addidentified interven	rooms; may crawl in bed with the rooms; may crawl in bed with the rooms; may crawl in bed with the rooms; may crawl and aggressive redirect. The goal was for her or others due to her behaviors. It ive 4/9/24, were to attempt the her behaviors began; make that it is a something she liked as a sement/evaluation in the cating Resident 74 had the to sexual activity in the sexual activity in					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. WI	ING		06/20/	2024
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	2			TRAIGHT LINE PIKE		
DDIO!		COLDEN DUI E CADE CENTEI	,				
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	≺	RICHMO	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	couch in the dayroo	om while a male resident was					
	sitting on the couch	with his hand up her shirt					
	and rubbing on her	breast. Interventions					
	attempted: Residents were separated and a CNA						
	-	Assistant) was asked to					
		emain apart. Effectiveness of					
		neffective as the two residents					
	continue to seek on						
	The next subsequen	nt progress note related to					
		viors, dated 6/6/24 at 2:49 p.m.,					
	written by LPN 5, r	ead, "Resident has roamed the					
	-	ertain male resident all shift.					
	_	empted to separate the two					
		lents would become					
		in to lash out at staff verbally					
		e note did not include					
		now all the identified					
		lress behaviors were					
	implemented, the fa						
	-	lress behaviors when the					
		ions were ineffective, or					
		on was provided to prevent					
	further resident-to-1						
	3. The clinical reco	ord for Resident 56 was					
		4 at 11:37 a.m. The diagnoses					
		not limited to: Alzheimer's					
	· ·	anxiety, and insomnia.					
	discuse, delilentia, t	initioty, and mooning.					
	The 5/10/24 Quarte	rly MDS assessment indicated					
	,	conducted, as he was					
		tood. The staff assessment for					
	•	ated he had short and					
		problems. He did not know the					
		at he was in a nursing home.					
		for daily decision making were					
	_	d, in that decisions were poor,					
	requiring cues/supe						
	requiring cues/supe	1 v 151011.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	R			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	,		OND, IN 47374		
DICIONTA	AND FILAL ITICANL	- GOLDEN NOLE CARE CENTER	`	IXICIIIVI	3ND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ГЕ	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	An observation of F	Resident 56 was made on					
	6/14/24 at 2:05 p.m	. He was lying awake in bed. He					
	began speaking but	was unable to understand					
	what he was attempting to say.						
	The 3/23/23 behavior	or care plan, last revised					
	4/16/24, indicated h	ne demonstrated sexually					
		viors, believing others were his					
	significant other. He	e would hug and sometimes					
	attempt to kiss other	rs. He displayed inappropriate					
	_	sexually explicit comments to					
		as for him to interact with					
	others appropriately	during social and care					
	situations. Intervent	tions, effective 3/23/23, were					
		know if his behaviors were					
		daily care/living; quietly					
	-	, reminding him that the					
	-	opropriate; let him know that					
	-	fecting others; and to refer him					
		vices as needed. The care plan					
		ntervention to provide					
		on to prevent resident to					
	resident abuse.	F					
	The 10/5/23 behavio	or care plan, last revised					
		ne sometimes demonstrated					
		ate behaviors by entering					
		oms, having female resident					
		, and lay in bed with others.					
		m to interact with others					
		g social and care situations.					
		ted 10/5/23, were to let his					
		his behaviors were interfering					
	with his daily care/living; offer him something else he liked; quietly attempt to re-direct, reminding						
		or was not appropriate; and to					
	refer him to mental health services as needed. The care plan did not include an intervention to						
	_	apervision to prevent resident					
	to resident abuse.	spervision to prevent restuent					
	to resident abuse.						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COM	E SURVEY PLETED 0/2024	
	PROVIDER OR SUPPLIER	C - GOLDEN RULE CARE CENTE	2330 S	ADDRESS, CITY, STATE, ZIP CO TRAIGHT LINE PIKE IOND, IN 47374	DD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	ECTION DULD BE PROPRIATE	(X5) COMPLETION DATE
	4/16/24, indicated here agitated, pushing aggressive, and thre redirect other reside resist care by hitting him to have fewer of frustrated and for here intervention. Interventions before medications as doct something he liked did not include an italicated adequate supervision resident abuse. There was no assest clinical record indicapacity to consent facility. The 5/29/24 psychial "Patient was seen to psychiatric evaluation and GDR [gradual was seen in the condown the hallway." restless and he contresident. Patient is interview. Staff repand sleeps well at me get anxious, irritably physically aggression resident and hard to Lorazepam 0.5mg pure sident and hard to Lorazepam 0	or care plan, last revised he sometimes became frustrated g, grabbing, being physically eatening when staff tried to ents from his room. He may g and kicking. The goal was for episodes of becoming his behavior to stop with staff entions were to attempt his behaviors began; give tor ordered; and to offer him as a diversion. The care plan intervention to provide on to prevent resident to sexual activity in the sating Resident 56 had the to sexual activity in the hatry progress note indicated, oday per facility request for on, medication management, dose reduction] review. Patient amon area, pacing up and Patient presents anxious, inues to follow another female confused at times during the orts that he has good appetite hight. Per facility, patient can be, agitation, verbally and we toward staff and some or redirect at times. Starts be [by mouth] bid [twice daily] to weeks and as needed.				

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		155264	B. WING		06/20/2024
			STREE	ET ADDRESS, CITY, STATE, ZIP COD	1
NAME OF P	PROVIDER OR SUPPLIER	S.		STRAIGHT LINE PIKE	
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER		HMOND, IN 47374	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE APPROPR	
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	· ·	dent continues to have			
	-	ng agitated at staff when staff			
		st female residents on the			
		es that some of the female			
	_	rls" and becomes very			
	-	tinues to wonder [sic] about			
		ll enter other resident's room			
		asily to redirect out of ord salad frequently present,			
		iods of agitation speech			
		nd resident will begin cursing			
		ontinue to attempt to ensure			
		-			
	safety, provide interventions and assistance as warranted. Resident is followed by in-house				
		der and is followed by			
	-	ary care physician] provider."			
	in nouse i er įpinii	ary care physician; provider.			
	A behavior note, da	ted 6/6/24 at 9:01 a.m., for			
		by LPN (Licensed Practical			
		"Resident shoved this nurse			
	· ·	as staff was attempting to			
	keep he and a femal	le resident separated due to sex			
	behaviors. What wa	s the resident doing prior to			
	or at the time of bel	navior/mood: Resident was in			
	the dining room and	l had been noticed rubbing a			
	female resident's bu	tt as she stood next to him.			
		pted: separation of resident's			
	[sic.] Effectiveness	of the interventions:			
		effective" The note did not			
		ion to show all the identified			
		ress behaviors were			
	implemented, the fa				
		ress behaviors when the			
		ons were ineffective, or			
		n was provided to prevent			
	further resident-to-r	esident abuse.			
	D	'd I DN 5 (45/24 + 2.00			
		with LPN 5, on 6/17/24 at 3:00			
	_	ne behavior in the above			
	progress note was the	he first behavior he witnessed			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264 NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R. BUILDING 00 STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY OF LSC IDENTIFYING INFORMATION) A. BUILDING 00 B. WING STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374 (X5) COMPLETED O6/20/2024	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374 (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (X6) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (X7) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			155264	B. WI	NG		06/20/	2024
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEDED TO THE APPROPRIATE COMPLETION	NAME OF	DDOLUDED OD GLIDDLIEI			STREET A	ADDRESS, CITY, STATE, ZIP COD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION	NAME OF	PROVIDER OR SUPPLIER	X		2330 ST	TRAIGHT LINE PIKE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE COMPLETION	BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	₹	RICHM	OND, IN 47374		
CROSS-REFERENCED TO THE APPROPRIATE								
TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCE DATE		`				CROSS-REFERENCED TO THE APPROPRIA	ΓΕ	
on 6/6/24 between Resident 56 and Resident 74.	TAG				TAG	DEFICIENCE		DATE
on 6/6/24 between Resident 36 and Resident /4.		on 6/6/24 between	Resident 36 and Resident 74.					
The next consecutive behavior note, dated 6/6/24		The next consecutiv	ve behavior note, dated 6/6/24					
at 9:30 a.m., written by LPN 5 indicated, "Resident								
was noted sitting in the sunroom with his hand up								
the shirt of the same female resident as earlier.		·						
Resident was rubbing the breast of this resident at		Resident was rubbing the breast of this resident at						
this time. Interventions attempted: Both resident's		this time. Interventi	ions attempted: Both resident's					
[sic] were separated. Effectiveness of the								
interventions: Intervention was ineffective as								
these two resident's [sic] continue to seek one								
another out." The note did not include								
documentation to show all the identified								
interventions to address behaviors were								
implemented, the facility initiated new interventions to address behaviors when the		_						
identified interventions were ineffective, or adequate supervision was provided to prevent								
further resident-to-resident abuse.		1 -						
further resident-to-resident abuse.		Turtifer resident-to-	resident abuse.					
During an interview with LPN 5, on 6/17/24 at 3:00		During an interview	v with LPN 5, on 6/17/24 at 3:00					
p.m., he indicated he just happened to walk in the		_						
sunroom and see Resident 56 with his hand up		sunroom and see R	esident 56 with his hand up					
Resident 74's shirt. There were quite a few other		Resident 74's shirt.	There were quite a few other					
residents in the sunroom at the time, who were		residents in the sun	room at the time, who were					
just sitting there, roughly six residents total		1 "						
including Resident 56 and Resident 74, and no		including Resident	56 and Resident 74, and no					
staff.		staff.						
The next consecutive behavior note, dated 6/6/24		The next agreed the	wa bahayiar nata datad 6/6/04					
at 9:40 a.m., for Resident 56, written by LPN 5								
indicated, "Resident walked up to the same female								
resident and grab [sic] her by the face them [sic]			-					
kissed her on the lips. Interventions attempted:		1 -						
Separated resident's [sic.] Effectiveness of the		_	•					
interventions: Ineffective." The note did not		_	= = =					
include documentation to show all the identified		include documentat	tion to show all the identified					
interventions to address behaviors were		interventions to add	dress behaviors were					
implemented, the facility initiated new		implemented, the fa	acility initiated new					
interventions to address behaviors when the		interventions to add	dress behaviors when the					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		r /	JILDING	nstruction <u>00</u>	(X3) DATE (COMPL 06/20/	ETED	
	PROVIDER OR SUPPLIEI	RE - GOLDEN RULE CARE CENTER	₹	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE DND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
		ions were ineffective, or on was provided to prevent resident abuse.					
	p.m., he indicated t the hallway and he was coming down l cart when Resident Resident 56 came of 56 grabbed Residen	w with LPN 5, on 6/17/24 at 3:00 he kiss on the lips happened in just happened to see it. He hallway with the medication 74 walked past him, and out of the dining room. Resident at 74 on both sides of her face, and her. It happened quickly, in the lips.					
	at 2:33 p.m., for Reread, "Resident was the sunroom with a of him and the threrebbing on one and Resident's [sic] were separated. Effective Ineffective." The nedocumentation to sinterventions to addimplemented, the fainterventions to addidentified intervent	how all the identified dress behaviors were acility initiated new dress behaviors when the ions were ineffective, or on was provided to prevent					
	p.m., he indicated t resident, Resident 5 Resident 56, and R side in reference to note. The touching while the 3 of them of the clothing, rub	w with LPN 5, on 6/17/24 at 3:00 here was another female 50, sitting on one side of esident 74 sitting on his other the 6/6/24, 2:33 p.m. behavior and rubbing he observed were on the couch was outside bing legs, and holding hands. idents weren't touching each					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	LTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII	LDING	00	COMPL	ETED
		155264	B. WIN	G		06/20/	2024
			' 	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIER	t .			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER			OND, IN 47374		
DICIOICIT	THE TIET RETTION TO	- GOEDEN NOLE OF THE GENTER	<u> </u>		5NB, IN 47074		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL	P	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		was in the middle, touching					
		ts, and both female residents					
	_	He stated, "[Name of Resident					
	56] was a little too busy for me that day."						
	A	4-16/6/24-42:26 :- ':-					
		ted 6/6/24 at 2:36 p.m., written					
		esident has been aggressive					
	I	y were attempting to redirect					
	whom his [sic] is dr	om the same female resident					
	whom his [sic] is di	awn to.					
	During an interview	with LPN 5, on 6/17/24 at 3:00					
	_	he 6/6/24, 2:36 p.m. progress					
	note just referenced a continuation of separating						
		sident 74 throughout the day.					
		the couch was the last					
		essed on 6/6/24. "From the time					
		ln't get any better." He'd only					
		ty for about 3 weeks through					
		off all last week. He normally					
		and had only worked the					
		nit maybe twice. It was his					
		n talking to other employees					
	_	e unit for a while, that					
		en showing behaviors, and					
		g and intensifying. When he					
		e about Resident 56's					
		, he made sure his behavior					
	progress notes were	"documented to the best of					
		nt 56 was very sexual in nature,					
	but also aggressive	at times, with staff, including					
	LPN 5. At one poin	t, Resident 56 shoved him. He					
	told "full time staff	management that day,"					
	because he noticed	the issues, and he was trying					
	to see how he was s	supposed to address them. "I					
	was told it was care	planned. They could be					
	together, just could	n't have sex, and the family					
	was aware, so I just	documented." He believed it					
	was either the Unit	Manager/Alzheimer's Care					
	Director, the DON,	or the Administrator who told					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		· ′	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/20 /	ETED	
	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER	₹	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE DND, IN 47374		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL DESCRIPTION OF THE PROPERTY OF THE PROP		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION
TAG	him this, but he was he was still "trying behaviors had been occasions. He told of the CNAs (Certified could keep an eye of separated. He was just everything he saw abuse, because both other out, and it was agitated due to staff with the residents beand not having capa possible sexual abust families would combecause it was some aware of. That's where someone knew him. Prior to 6/6/24 flirtatious, but not the hands, "helping and lost," at least the was there was no mistak between Resident 5 seeking each other of abuse multiple time PRN (as needed) Flon abuse, but could thought it was less threceived any abuse. An interview was confered and was family not consider his between the consideration that the consideration th	sit sure exactly who, because to learn people." Resident 56's brought up on several quite a few people, including d Nursing Assistants) so they on them and keep them ust told to document. He didn't think of it as sexual a residents were seeking each is clear they both became. Trying to separate them, but eing on the "dementia unit acity to consent," he saw it as is. His concern was that is in and be upset by it, ething that families should be you he went forward with making you and it didn't just stop with you he'd seen Resident 56 be outhing, more like holding a guiding them like they were not he'd been trained on the worked full time for the oat Pool, and they trained him not recall the last time. He than a year ago. He had not training in the facility itself. Sometic in the second of the conducted with the ACD or of 14/24 at 1:50 p.m. been the ACD for about 2 that with Resident 56. She did naviors with other female opriate. "They will love on a cuddle." It was mostly with seident 50 gravitated toward, would sit and hold hands,		TAG	DESTRUENC!!		DATE

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	ING		06/20/	/2024
				CTREET	DDDECC CITY CTATE ZID COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE		
PDICKY		COLDEN DULE CADE CENTE	n				
BRICKTA	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	`	KICHIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	nothing inappropria	nte. She'd spoken to both					
	Resident 56's and R	Resident 74's families and made					
	them aware. Reside	ent 74's family was religious and					
	understood, as long as nothing got out of hand.						
	She knew others had seen Resident 56 with his						
	_	74's shirt, but she had not seen					
		y nurse told her Resident 56					
	put his hands up the back of Resident 74's shirt						
	and he separated them. In the last month,						
	Resident 56 had been generally harder to redirect.						
	_	iplinary Team] had talked about					
	_	nned; they talked to families					
	and made a note ab	out a month and a half ago.					
		onducted with CNA 8, on					
	_	., who worked the day shift of					
		ed she normally worked the					
		Init of the facility and had					
		56 wrap his arm around female					
		nt him attempting to kiss					
		he was told by CNA 9 that					
		women's breasts, but CNA 8					
		is. His behaviors had been					
		few months. Some days he					
		t and would be loud and					
		staff. Resident 56 pushed a					
		24, who didn't normally work					
		6 tended to try and kiss					
	·	was the main female resident.					
		"CNA 8 was told their families					
		n a while, Resident 56 would try					
		and a few times tried to kiss					
	Resident 49.						
	CNA 9 was unavail	lable for interview.					
	An interview was c	onducted with CNA 25 on					
	6/17/24 at 2:02 p.m	a. She indicated she worked on					
		ing she saw was Resident 56					
		the forehead in the sunroom,					
	l	,	1				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		155264	B. WING		06/20/2024
NAME OF D	PROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE, ZIP COD	-
				STRAIGHT LINE PIKE	
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	RICHN	MOND, IN 47374	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		he was coming out a resident's			
		informed her in the hallway that			
	Resident 56's hand was up Resident 74's shirt. She				
	-	anyone, because LPN 5			
		e was going to take care of it.			
	_	had it handled, because he			
	was the nurse in cha	arge.			
	A progress note, dated 6/10/24 at 9:56 p.m., for				
	Resident 56, writter	n by the DON, read, "Resident			
	continues to have e	pisodes of becoming easily			
	irritated and upset v	with staff when staff provides			
	interventions r/t [rel	lated to] behaviors displayed			
	with female residents. Resident has been noted to				
	be holding hands w	ith female residents and			
	occasionally kissing	g. Resident with severe			
		status and unable to recall			
		nappropriate. resident with			
		en staff intervenes, word salad			
		re, tone of voice becoming			
		sional cursing noted. wanders			
		mes will enter other resident's			
		ations. Resident frequently			
		eas without incident. family is			
		and understands [sic] that			
		to recognize inappropriateness			
		ent continues to be followed			
		d in house psych provider.			
		to attempt to ensure safety,			
	offer interventions a	and assistance as warranted."			
	An interview was co	onducted with the			
	Administrator, DO	N, Vice President of Risk and			
		ance, and Regional Director of			
		on 6/14/24 at 1:45 p.m. after			
	_	56's 6/6/24 behavior notes from			
	the electronic health	n record. The Administrator			
	indicated she did no	ot know about Resident 56's			
	6/6/24 behaviors. S	he knew Resident 56 was			
	flirtatious, would he	old hands, and thought			

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AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 00	(X3) DATE : COMPL 06/20/	ETED
NAME OF PROVIDER OR SUPPLE	BR RE - GOLDEN RULE CARE CENTE	2330	ET ADDRESS, CITY, STATE, ZIP COD STRAIGHT LINE PIKE IMOND, IN 47374	•	
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSG DENTIFYING DIEDMATION	ID PREFIX	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE	(X5) COMPLETION
Resident 74 was both families in r Administrator did action after the 6 unaware of them never heard about prior to just now aware Resident 5 shirt, nor was she buttocks in the di couch. There was 6/6/24, so when I thought Resident him being male at Resident 56 would protective mode intervene, distractivarious intervent. An interview was 6, Resident 74's 6 She indicated the of the 6/6/24 sextices Resident 74 would this behavior, as didn't have demender knowledge, in Resident 56 and buddies for a white no hand holding sitting next to each Resident 56 try to forehead, which was kind of sweet wanted to know at kissing and didn't An interview was 7, Resident 56's sterile action of the second of th	on treport, investigate, or take 6/24 occurrences, as she was The DON indicated she had Resident 56's 6/6/24 behaviors reading the notes. She was not 6 had his hand up Resident 74's aware of him rubbing on her ning room and touching on the a male nurse on the unit on the was trying to intervene, she 66 may have had a problem with and trying to intervene, as drawn as a say "Those are my girls," and a would step in. They tried to the take him outside, and use ons to address his behaviors. Conducted with Family Member analyter, on 6/18/24 at 10:33 a.m. facility informed her, on 6/14/24, all activity involving her mom. If have been very opposed to the was quite religious. "If she atia, she would be appalled." To obthing happened prior to 6/6/24. Resident 74 had been "kind of the." They would sit together, but the other. One time she saw give Resident 74 a kiss on her idn't bother Family Member 6. It are a kissing "that I know of," just the other. One time she saw give Resident 74 a kiss on her idn't bother Family Member 6. It are a kissing "that I know of," just the other. One time she saw give Resident 74 a kiss on her idn't bother Family Member 6. It are a kissing "that I know of," just the other. One time she saw give Resident 74 a kiss on her idn't bother Family Member 6. It are a kissing "that I know of," just the other Family Member 6. It are a kissing "that I know of," just the other. One time she saw give Resident 74 a kiss on her idn't bother Family Member 6. It are a kissing "that I know of," just the other one of 18/24 at 12:12 p.m. He be to the family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a kissing "that I know of," just the other family Member 6. It are a know of the conducted with Family Memb	TAG	DEFICIENCY		DATE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING 00 COMPLETED B. WING 06/20/2024			
BRICKYA	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER	2330 S	ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE OND, IN 47374	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION 11 6 (14/24) Those collect him a	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	year ago and inform bed with him, kinda anything was done, staff was responsibl residents, so he que and thought the resp	til 6/14/24. They called him a ned him Resident 74 "was in a messing around, not sure kinda fooling around." The e for his father and the other stioned how this happened consibility was on the facility.			
	6/17/24 at 10:53 a.m was responsible for Float Pool staff on a reporting, as it was facility. Her underst	n. She indicated the home office training PRN (as needed) abuse, identification, and not provided to them in the tanding was they were already ame into the facility to work.			
	DON on 6/19/24 at policy of this facilit treatment and service displays signs of, on to meet his or her himental, and psychos facility will assess, plans through an intapproach that include and/or resident reprossible6. If nee modified to accommeds. 7. The care pwill be monitored or	policy was provided by the 3:00 p.m. It read, "It is the y to provide the appropriate set to every resident who is diagnosed with dementia, ighest practicable physical, social well-being1. The develop, and implement care serdisciplinary team (IDT) des the resident, their family, essentative, the extent ded, the environment will be nodate individual resident care plan goals and interventions in an ongoing basis for			
	effectiveness, and w necessary. 8. Appro current intervention shows a decline in p behavioral status (i. provider, licensed c worker)."	vill be reviewed/revised as opriate referrals will be made if s are ineffective or resident osychosocial, mood, or e. physician, mental health ounselor, pharmacist, social			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		A. BUILDING 00 B. WING			COMPLETED 06/20/2024		
	PROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTE	R	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL PLACE IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY	ΓE	(X5) COMPLETION
PREFIX TAG	provided by the DO read, "Sexual Abuse contact of any type Training A. New end abuse, neglect, exploof resident property Existing staff will rethrough planned in-Training topics will preventing all forms misappropriation of exploitation; 2 Ider abuse, neglect, exploof resident property abuse, neglect, exploof resident property psychosocial indicated abuse, neglect exploof resident property unknown sources; 5 symptoms of reside of abuse and neglect and/or catastrophic Wandering or elope Resistance to care; and e. Difficulty in staff. Prevention of Exploitation. The fatand procedures to pof abuse, neglect, metallic property, and exploitation. The fatand procedures to pof abuse, neglect, metallic property, and exploitationship and by protocols for preventiculate identifying determinations of catastrophic wandering or dependent property, and exploitationship and by protocols for preventiculate identifying determinations of catastrophic wandering or property and exploitationship and by protocols for preventiculate identifying determinations of catastrophic will be made.	R LSC IDENTIFYING INFORMATION ON on 6/17/24 at 11:08 a.m. It e is non-consensual sexual with a resident Employee mployees will be educated on oitation and misappropriation during initial orientation. B. eceive annual education services and as needed. C. include: 1. Prohibiting and s of abuse, neglect, fresident property, and ntifying what constitutes oitation, and misappropriation r, 3. Recognizing signs of oitation and misappropriation r, such as physical or tors;4. Reporting process for oitation, and misappropriation r, including injuries of of. Understanding behavioral ints that may increase the risk rt such as; a. Aggressive reactions of residents; b. rement-type behaviors; c. d. Outbursts or yelling out; adjusting to new routines or Abuse, Neglect and actility will implement policies revent and prohibit all types nisappropriation of resident itation that achieves: A. environment that supports, to a resident's consensual sexual establishing policies and nting sexual abuse. This may when, how, and by whom apacity to consent to a sexual		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION DATE
	right to establish a r	relationship with another					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024 FORM APPROVED OMB NO. 0938-039

	AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		ì í	ILDING	00	COMPL 06/20/	ETED
	PROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER	₹	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC INENTIEVING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERNCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION
F 0609 SS=E Bldg. 00	individual, which m or the presence of ar relationship; B. Ide intervening in situat exploitation, and/or property is more like deployment of trained licensed, and certification sufficient numbers to residents, and assured knowledge of the information and behavioral sympton of the information of t	ed and qualified, registered, ed staff on each shift in o meet the needs of the e that the staff assigned have dividual residents' care needs of toms." B)(c)(1)(4) ed Violations onse to allegations of ploitation, or mistreatment, ure that all alleged gabuse, neglect, treatment, including in source and if resident property, are ely, but not later than 2 egation is made, if the the allegation involve abuse bodily injury, or not later e events that cause the involve abuse and do not odily injury, to the efacility and to other to the State Survey protective services where for jurisdiction in long-term ecordance with State law		TAG	DEFICIENCY		DATE

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION			X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>		COMPI	COMPLETED	
	155264		B. WING 06/20/2024			/2024		
				CTREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE			
BDICKV/	ADD HEALTHCADE	- GOLDEN RULE CARE CENTER	,		IOND, IN 47374			
DINIONIA		- GOLDEN NOLE CARE CENTER	`	TAICHIN				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΙΤΕ	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		oort the results of all						
		he administrator or his or						
		presentative and to other						
		ance with State law,						
	_	ate Survey Agency, within						
		the incident, and if the						
	_	s verified appropriate						
	corrective action r	nust be taken.						
			F 06	509	-what corrective action(s) will		07/11/2024	
		on, interview and record			accomplished for those reside			
	review, the facility				found to have been affected b	-		
		ediately of allegations of sexual			deficient practice -what correct			
		imer's Care Unit of the facility			action(s) will be accomplished			
		s on the Alzheimer's Care Unit.			those residents found to have			
	(Residents 50, 56, a	and 74)			been affected by the deficient			
					practice			
	Findings include:				Resident 56 was placed on			
					one-on-one supervision until			
		ord for Resident 50 was			transferred to geriatric psych			
		4 at 1:10 p.m. The diagnoses			facilityhow other residents			
		not limited to, Alzheimer's			having the potential to be affe			
	disease, dementia, a	anxiety, and insomnia.			by the same deficient practice			
					be identified and what correct	ive		
	1	rly MDS (Minimum Data Set)			actions will be taken			
		ed the BIMS (brief interview			Progress notes for all resident	s for		
	í í	vas not conducted, as she was			reviewed with no concerns			
	I	tood. The staff assessment for			identified. Attachment #8 -wha			
		ated she had short and			measures will be put into plac			
		problems. She did not know the			and what systemic changes w	till		
		at she was in a nursing home.			be made to ensure that the			
	1	for daily decision making were			deficient practice does not rec	:ur		
		in that she rarely/never made				_		
	decisions. It indicat				Education completed with ED			
		ns directed towards others,			DNS on daily review of progre	:SS		
	1	king, pushing, scratching,			notes to include SBAR and			
	1	using others sexually during			Behavior documentation as w	ell as		
		f the past seven days. She had			reporting guidelines for			
		ymptoms directed towards			inappropriate touching.			
		tening, screaming at, and/or			Attachment #9			
	cursing at others du	ring one to three days of the	1		Education completed with all s	staff		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		· /			COMPL	COMPLETED	
155264		B. WI	B. WING 06/20/2024				
		<u> </u>		CTD DET	ADDRESS CITY STATE ZID COD		
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE		
BDICKA	ZBD HEVI THOVE	E - GOLDEN RULE CARE CENTER	2		OND, IN 47374		
BRICKY	TILD HEALTHOAK!	L - GOLDEN ROLE CARE CENTER	<u>` </u>	KICHIVI	UND, IIN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	past seven days.				on abuse and behavior		
					management including all PR	N	
		ior care plan, last revised			pool staff. Attachment #10A,		
		I she demonstrated sexually			#10B, #10C, #10D, #10E, #1		
		viors by entering male resident			#11B, #11C, #11D, #11E, #3/	٦,	
		ale resident's bed, and making			#3B, #3C, #3D		
		nts. The goal, with a target date			DNS or designee to complete		
	· ·	her to interact with others			on-going monitoring to review	•	
		g social and care situations. to quietly attempt to redirect,			documentation. Audit to be	Lotot	
		the behavior was not			completed during daily clinica up 5X weekly X 4 weeks, 3X	า รเสเ	
	_				weekly X 4 weeks, then week	ly to	
	appropriate; to let her physician know if her behaviors were interfering with her daily				complete 6 months. Attachme	-	
		please refer her to mental			#12	/ i i t	
	health services as n	-			" ·-		
					-how the corrective action will	be	
	There was no asses	ssment/evaluation in the			monitored to ensure that defic		
		cating Resident 50 had the			practice will not recur; l.e., wh		
		to sexual activity in the			quality assurance program wi		
	facility.	-			put into place		
					div="">		
	2. The clinical reco	ord for Resident 74 was					
	reviewed on 6/13/2	24 at 1:17 p.m. Her diagnoses			div="">The results of these aเ	udits	
		not limited to: dementia,			to be reviewed at QAPI x 6		
	anxiety, and insom	nia.			months to track for any trends		
					any identified, will continue au		
	_	icant Change MDS assessment			based on QAPI recommendate	tions,	
		severely cognitively impaired.			otherwise will review on PRN		
		of wandering during one to			basis.		
		as seven days. The wandering					
		atly intruded on the privacy of			-by what date the systemic	•••	
	activities of others.				changes for each deficiency v	VIII	
	An observation of Resident 74 was made on 6/13/24 at 1:17 p.m. She was continuously wandering about the unit from the dining room				be completed		
					7/11/2024		
		d into the sunroom.					
	into the nanway an	a mo the sumoom.					
	The 4/8/24 behavio	or care plan indicated she					
		ally inappropriate behaviors by					

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U13P11 Facility ID: 000165

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/20/2024		
	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTE	2330 S	ADDRESS, CITY, STATE, ZIP COD STRAIGHT LINE PIKE IOND, IN 47374	
	SUMMARY S (EACH DEFICIEN REGULATORY OR entering a male resiresident's bed, and i goal was for her bel Interventions, effect something else she physician know if h with her daily care/l mental health service. The 4/9/24 behavior wandered in others' others; believed oth husband and becam when attempting to to not harm herself Interventions, effect interventions before family aware of beh if her behaviors wer living and offer here diversion. There was no assess clinical record indic capacity to consent facility. The 6/6/24, 8:35 a.m. LPN (Licensed Prac was standing in the resident allowing hi the other residents. Residents were separe Effectiveness of the effective, though rest to figure out how to	E-GOLDEN RULE CARE CENTER STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION dent's room, laying in male nappropriate touching. The naviors to lessen. dive 4/8/24, were to offer her liked as a diversion; let her er behaviors were interfering diving; and to refer her to des as needed. The care plan indicated she rooms; may crawl in bed with er male resident was her e agitated and aggressive redirect. The goal was for her for others due to her behaviors. dive 4/9/24, were to attempt en behaviors began; make haviors; let her physician know the interfering with her daily the something she liked as a sment/evaluation in the ating Resident 74 had the to sexual activity in the The behavior note, written by dictical Nurse) 5, read, "Resident dining room next to a male to grope her butt in front of Interventions attempted: the physician known and the sexual activity in the The behavior note, written by dictical Nurse) 5, read, "Resident dining room next to a male to grope her butt in front of Interventions attempted: the physician known and the sexual activity in the The physician known are to a male to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the to sexual activity in the The physician known are to a male the physician known are to a male the physician known are to a male the physician known are	2330 S	TRAIGHT LINE PIKE	(X5) COMPLETION DATE
		g very irritated with anyone her way or attempting to keep			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

U13P11

Facility ID: 000165

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPI	LETED
155264		B. WING 06/20/2024				/2024	
		1		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARI	E - GOLDEN RULE CARE CENTER	₹		OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		m. behavior note, written by					
		lent was standing next to the					
	1	om while a male resident was					
	_	n with his hand up her shirt					
		breast. Interventions					
		nts were separated and a CNA					
		Assistant) was asked to					
	I	emain apart. Effectiveness of Ineffective as the two residents					
	continue to seek or						
	continue to seek of	e another out.					
	The 6/6/24, 2:49 p.	m. progress note, written by					
		dent has roamed the unit					
	seeking out a certain	in male resident all shift.					
		empted to separate the two					
		dents would become					
		in to lash out at staff verbally					
	and physically."						
	3. The clinical reco	ord for Resident 56 was					
	reviewed on 6/14/2	44 at 11:37 a.m. The diagnoses					
	· ·	not limited to: Alzheimer's					
	disease, dementia,	anxiety, and insomnia.					
	-	erly MDS assessment indicated					
		conducted, as he was					1
		stood. The staff assessment for					
		ated he had short and					
		problems. He did not know the					
		nat he was in a nursing home.					
		s for daily decision making were					
		ed, in that decisions were poor,					
	requiring cues/supe	ervision.					
		ior care plan, last revised					
		he demonstrated sexually					
		viors, believing others were his					
		le would hug and sometimes					
	_	ers. He displayed inappropriate					1
	I touching and made	sexually explicit comments to	l				

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Event ID:

U13P11 Facility ID: 000165

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>00</u> COMPLET			ETED		
		155264	B. WING 06/20/2024			2024	
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
DDICKV/		E - GOLDEN RULE CARE CENTER	5				
DRICKTA	AND HEALTHCANE	e - GOLDEN ROLE CARE CENTER	`	KICHIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID PROVIDER'S PLAN OF CORRE		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRI		TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	s for him to interact with					
		y during social and care					
		tions, effective 3/23/23, were					
		know if his behaviors were					
	-	daily care/living; quietly					
		, reminding him that the					
		ppropriate; let him know that					
		fecting others; and to refer him					
		vices as needed. The care plan					
		ntervention to provide					
		on to prevent resident to					
	resident abuse.						
	Th - 10/5/22 h -1:						
		or care plan, last revised ne sometimes demonstrated					
		ate behaviors by entering					
		oms, having female resident					
		, and lay in bed with others.					
		m to interact with others					
	-	g social and care situations.					
		ated 10/5/23, were to let his					
		his behaviors were interfering					
		living; offer him something else					
	,	empt to re-direct, reminding					
		or was not appropriate; and to					
		health services as needed. The					
		clude an intervention to					
	_	pervision to prevent resident					
	to resident abuse.	when the provent regiment					
	The 8/31/23 behavi	or care plan, last revised					
		ne sometimes became frustrated					
	· ·	g, grabbing, being physically					
		eatening when staff tried to					
		ents from his room. He may					
	resist care by hitting	g and kicking. The goal was for					
	him to have fewer e	episodes of becoming					
		is behavior to stop with staff					
	intervention. Interv	entions were to attempt					
	interventions before	e his behaviors began; give					
			I				

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
	155264					06/20/	/2024
		l .		CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTE	₹		OND, IN 47374		
DICIOICIA	THE TIET RETTION AND	- OCEDENTICLE OF THE CENTER	`	TAIOTIIVI	OND, IN 47074		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	` `	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		tor ordered; and to offer him					
		as a diversion. The care plan					
		ntervention to provide					
		on to prevent resident to					
	resident abuse.						
	Thomas vivas ma assas	sment/evaluation in the					
		cating Resident 56 had the					
		to sexual activity in the					
	facility.	to sexual activity in the					
	idenity.						
	The 6/5/24, 9:31 a.i	m. progress note for Resident					
		OON (Director of Nursing) read,					
	1	to have episodes of becoming					
		en staff is attempting to assist					
	_	the unit. resident believes that					
		residents are "his girls" and					
		ective. also continues to					
	wonder [sic] about	unit and at times will enter					
	other resident's room	m uninvited, usually easily to					
	redirect out of unwa	anted areas. Word salad					
	frequently present,	however during periods of					
	agitation speech be	comes coherent and resident					
	will begin cursing a	at staff. staff will continue to					
	attempt to ensure sa	afety, provide interventions					
	and assistance as w	arranted. Resident is followed					
		health provider and is					
	l ·	se PCP [primary care					
	physician] provider	."					
		ated 6/6/24 at 9:01 a.m., for					
		n by LPN (Licensed Practical					
		, "Resident shoved this nurse					
		as staff was attempting to					
		le resident separated due to sex					
		as the resident doing prior to					
		havior/mood: Resident was in					
		d had been noticed rubbing a					
		att as she stood next to him.					
	Interventions attem	pted: separation of resident's					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
		A. BUILDING	00	COMPLETED	
155264		B. WING		06/20/2024	
		<u> </u>	STREET	ADDRESS, CITY, STATE, ZIP COD	
NAME OF P	ROVIDER OR SUPPLIER	8		TRAIGHT LINE PIKE	
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	RICHM	IOND, IN 47374	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		of the interventions:			
		effective" The note did not			
		ion to show all of the			
		ons to address behaviors were			
	implemented, the fa	lress behaviors when the			
		ions were ineffective, or			
		on was provided to prevent			
	further resident-to-r				
	Tartifer resident-t0-1	Coldelli abase.			
	During an interview	with LPN 5, on 6/17/24 at 3:00			
	-	he behavior in the above			
	-	he first behavior he witnessed			
		Resident 56 and Resident 74.			
	The next consecutiv	ve behavior note, dated 6/6/24			
	at 9:30 a.m., writter	by LPN 5 indicated, "Resident			
	was noted sitting in	the sunroom with his hand up			
	the shirt of the same	e female resident as earlier.			
		ng the breast of this resident at			
		ons attempted: Both resident's			
		I. Effectiveness of the			
		vention was ineffective as			
		[sic] continue to seek one			
	another out." The n				
		now all the identified			
		lress behaviors were			
	implemented, the fa				
		lress behaviors when the			
		ons were ineffective, or			
	further resident-to-r	on was provided to prevent			
	Turiner resident-to-r	esident abuse.			
	During an interview	with LPN 5, on 6/17/24 at 3:00			
		e just happened to walk in the			
	_	esident 56 with his hand up			
		There were quite a few other			
		room at the time, who were			
		ughly six residents total			
	-	56 and Resident 74, and no			
	3	. ,			

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Event ID:

U13P11 Facility ID: 000165

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	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264			JILDING	instruction <u>00</u>	(X3) DATE (COMPL 06/20/	ETED
	PROVIDER OR SUPPLIEF	RE - GOLDEN RULE CARE CENTER	₹	2330 ST	NDDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	staff. The next consecutivat 9:40 a.m., for Reindicated, "Residen resident and grab [skissed her on the liph Separated resident's interventions: Inefficiently interventions to addimplemented, the fainterventions to addidentified interventiadequate supervision further resident-to-rule During an interview p.m., he indicated the hallway and he was coming down he cart when Resident Resident 56 came of 56 grabbed Resider leaned in, and kissed more like a peck on the next consecutivat 2:33 p.m., for Referead, "Resident was the sunroom with a of him and the three rubbing on one and Resident's [sic] were separated. Effective Ineffective." The next consecutivate 2:30 p.m. for Reference on the sunroom with a of him and the three rubbing on one and Resident's [sic] were separated. Effective Ineffective." The next consecutivate of the sunroom with a of him and the three rubbing on one and Resident's [sic] were separated. Effective Ineffective." The next consecutive Ineffective." The next consecution to addimplemented, the faintenance of the faintenance	we behavior note, dated 6/6/24 sident 56, written by LPN 5 t walked up to the same female sic] her by the face them [sic] os. Interventions attempted: is [sic.] Effectiveness of the fective." The note did not sition to show all the identified dress behaviors were neility initiated new dress behaviors when the sions were ineffective, or on was provided to prevent resident abuse. In with LPN 5, on 6/17/24 at 3:00 the kiss on the lips happened in just happened to see it. He hallway with the medication 74 walked past him, and but of the dining room. Resident at 74 on both sides of her face, and her. It happened quickly, at the lips. In the lips were behavior note, dated 6/6/24 sident 56, written by LPN 5, as noted sitting on the couch in female resident on either side to of them were touching and ther. Interventions attempted: the asked to stop and then the eness of the interventions: the did not include thow all the identified dress behaviors were					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155264		(X2) MULTIPLE CC A. BUILDING B. WING	X3) DATE SURVEY COMPLETED 06/20/2024		
	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER	2330 S	ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE OND, IN 47374	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
		ons were ineffective, or n was provided to prevent esident abuse.			
	p.m., he indicated the resident, Resident 56, and Resident 56, and Reside in reference to note. The touching a while the 3 of them of the clothing, rubb. The two female resident two female residents. Resident 56 v both female resident were touching him. 56] was a little too by LPN 5, read, "Resident female residents with staff while them."	with LPN 5, on 6/17/24 at 3:00 here was another female 0, sitting on one side of sident 74 sitting on his other the 6/6/24, 2:33 p.m. behavior and rubbing he observed were on the couch was outside bing legs, and holding hands. dents weren't touching each was in the middle, touching ts, and both female residents He stated, "[Name of Resident busy for me that day." 1. The country of the couch was outside by the couch was in the middle, touching ts, and both female residents has been aggressive by were attempting to redirect to the couch was not sident has been aggressive by were attempting to redirect to the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch was not sident has been aggressive by the couch has been aggressive by the cou			
	p.m., he indicated the note just referenced Resident 56 and Residents on the occurrence he witnes he shoved me, it did worked at the facility and agency but was a worked other units and Alzheimer's Care U understanding, from who'd worked on the Resident 56 had beet they were increasing	with LPN 5, on 6/17/24 at 3:00 at 6/6/24, 2:36 p.m. progress a continuation of separating sident 74 throughout the day. The couch was the last assed on 6/6/24. "From the time in't get any better." He'd only by for about 3 weeks through off all last week. He normally and had only worked the init maybe twice. It was his a talking to other employees the unit for a while, that the showing behaviors, and go and intensifying. When he are about Resident 56's			

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Event ID:

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Facility ID: 000165

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X1) PROVIDER/SUPPLIER/SUPPLIER/CLIA X1) PROVIDER/SUPPLIER/		ì í	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/20 /	ETED			
		ROVIDER OR SUPPLIEF	RE - GOLDEN RULE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374					
(X4) PRE TA	FIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE	
TA	AG .	behaviors on 6/6/24 progress notes were my ability." Reside but also aggressive LPN 5. At one point told "full time staff because he noticed to see how he was swas told it was care together, just could was aware, so I just was either the Unit Director, the DON, him this, but he was he was still "trying behaviors had been occasions. He told of the CNAs (Certified could keep an eye oseparated. He was jeverything he saw. abuse, because both other out, and it was agitated due to staff with the residents beand not having capa possible sexual abut families would combecause it was some aware of. That's whe sure someone knew him. Prior to 6/6/24 flirtatious, but not thands, "helping and lost," at least the was there was no mistal between Resident 5 seeking each other abuse multiple times.	A LSC IDENTIFYING INFORMATION It, he made sure his behavior It "documented to the best of Int 56 was very sexual in nature, at times, with staff, including It, Resident 56 shoved him. He Imanagement that day," Ithe issues, and he was trying Image supposed to address them. "I It planned. They could be In thave sex, and the family It documented." He believed it Imanager/Alzheimer's Care In the Administrator who told In the sex and the family It documented. They could be In the sex and the family It documented. They could be In the sex and the family It documented. They could be In the document of the sex and the family It documented. They could be It document to learn people. The seident 56's In the sex and the family It documented. They because It documented. They because the sex and the family to the sex and the family the sex and t		TAG	DEFICIENCY)		DATE	
		seeking each other abuse multiple time	out. He'd been trained on es. He worked full time for the						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		r í	JILDING	instruction 00	(X3) DATE (COMPL 06/20/	ETED	
	ROVIDER OR SUPPLIEF	C - GOLDEN RULE CARE CENTER	₹	2330 ST	NDDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	· ·	not recall the last time. He					
	_	than a year ago. He had not					
	received any abuse	training in the facility itself.					
	An interview was c (Alzheimer's Care I She indicated she'd years and was fami not consider his bel residents as inapproeach other, kiss and Resident 74, but Re Resident 56 as well nothing inappropria Resident 56's and R them aware. Resident 56's and R them aware Resident 56's and R them aware as long She knew others ha hands up Resident 6 that. A male agency put his hands up the and he separated the Resident 56 had bet The IDT [Interdiscithis; it was care pla and made a note ab	onducted with the ACD Director) on 6/14/24 at 1:50 p.m. been the ACD for about 2 liar with Resident 56. She did naviors with other female opriate. "They will love on l cuddle." It was mostly with esident 50 gravitated toward , would sit and hold hands, tte. She'd spoken to both tesident 74's families and made ent 74's family was religious and as nothing got out of hand. d seen Resident 56 with his 74's shirt, but she had not seen or nurse told her Resident 56 the back of Resident 74's shirt term. In the last month, en generally harder to redirect. plinary Team] had talked about nned; they talked to families out a month and a half ago.					
	_	., who worked the day shift of					
		ed she normally worked the Init of the facility and had					
		56 wrap his arm around female					
		at him attempting to kiss					
		ne was told by CNA 9 that					
		women's breasts, but CNA 8					
		is. His behaviors had been					
		few months. Some days he					
		t and would be loud and					
		staff. Resident 56 pushed a					
	mate nurse on 6/6/2	4, who didn't normally work					

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U13P11 Facility ID: 000165

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. WI	ING		06/20/	2024
				CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
DDICKV/		E - GOLDEN RULE CARE CENTER	5				
BRICKTA	AND HEALTHCANE	E - GOLDEN ROLE CARE CENTER	`	KICHIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the unit. Resident 56 tended to try and kiss						
	Resident 74, as she	was the main female resident.					
		" CNA 8 was told their families					
		n a while, Resident 56 would try					
	to kiss Resident 50	and a few times tried to kiss					
	Resident 49.						
	CNA 9 was unavail	lable for interview.					
		onducted with CNA 25 on					
		. She indicated she worked on					
		ing she saw was Resident 56					
		the forehead in the sunroom,					
		he was coming out a resident's					
		informed her in the hallway that					
		was up Resident 74's shirt. She					
		anyone, because LPN 5					
		e was going to take care of it.					
	_	had it handled, because he					
	was the nurse in cha	arge.					
		1 4 1 21 4					
	An interview was c						
		N, Vice President of Risk and ance, and Regional Director of					
	, , ,	on 6/14/24 at 1:45 p.m. after					
		56's 6/6/24 behavior notes from					
		h record. The Administrator					
		ot know about Resident 56's					
		he knew Resident 56 was					
		old hands, and thought					
		s wife. The ACD had spoken to					
		ard to these things. The					
		not report, investigate, or take					
		24 occurrences, as she was					
		The DON indicated she had					
	never heard about Resident 56's 6/6/24 behaviors prior to just now reading the notes. She was not						
		had his hand up Resident 74's					
		ware of him rubbing on her					
		ng room and touching on the					
	outtocks in the ullif	ng room and touching on the					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIEF	8			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹		OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ГЕ	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		male nurse on the unit on					
		was trying to intervene, she					
	_	6 may have had a problem with					
	-	I trying to intervene, as					
		say "Those are my girls," and a					
		ould step in. They tried to					
		take him outside, and use					
	various interventior	ns to address his behaviors.					
	An interview was c	onducted with the DON on					
	6/17/24 at 10:53 a.r	n. She indicated home office					
	was responsible for	training PRN (as needed)					
	Float Pool staff on a	abuse, identification, and					
	reporting, as it was	not provided to them in the					
	facility. Her unders	tanding was they were already					
	trained when they c	ame into the facility to work.					
	The Abuse, Neglect	t, and Exploitation policy was					
	provided by the DC	N on 6/17/24 at 11:08 a.m. It					
	read, "Sexual Abus	e is non-consensual sexual					
	contact of any type	with a residentEmployee					
	Training. A. New	employees will be educated on					
	abuse, neglect, expl	oitation and misappropriation					
		during initial orientation. B.					
	_	eceive annual education					
		services and as needed. C.					
	Training topics will	include:2. Identifying what					
		eglect, exploitation, and					
		f resident property;4.					
		for abuse, neglect, exploitation,					
	* * *	on of resident property,					
	including injuries o						
		n of Abuse, Neglect and					
		acility will implement policies					
		revent and prohibit all types					
		nisappropriation of resident					
		itation that achieves: A.					
		environment that supports, to					
	_	a resident's consensual sexual					
	relationship and by	establishing policies and					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 06/20/2024	
	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTE	2330 S	ADDRESS, CITY, STATE, ZIP COD STRAIGHT LINE PIKE MOND, IN 47374		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE COMPLETION	
TAG	protocols for prever include identifying determinations of crossing contact will be mad documentation will right to establish a rindividual, which more the presence of a relationship; B. Ideintervening in situate exploitation, and/or property is more likedeployment of train licensed, and certifications and sour knowledge of the in and behavioral symma. The facility fill include: 1. Reporting the Administrator, so services and to all of specified time frame later than 2 hours af	be recorded; and the resident's relationship with another may include the development of an ongoing sexually intimate rentifying, correcting and misappropriation of resident rely to occur with the red and qualified, registered, red staff on each shift in the meet the needs of the red that the staff assigned have redividual residents' care needs repromsReporting/Response reduced written procedures that red and alleged violations to retate agency, adult protective ther required agencieswithin residents in the reduced reduced reduced required agencies within residents in made, if reduced redu	TAG	DETELLACT	DATE	
F 0610 SS=J Bldg. 00	§483.12(c) In resp	nt/Correct Alleged Violation conse to allegations of epolitation, or mistreatment,				
	- ',','	e evidence that all alleged oughly investigated.				
	- ',','	vent further potential abuse, on, or mistreatment while				

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20	/2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	R			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	ξ				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the investigation is	s in progress.					
	investigations to the her designated resolution officials in accordational including to the Standard working days of alleged violation is corrective action resolutions.	port the results of all the administrator or his or presentative and to other ance with State law, that are Survey Agency, within the incident, and if the severified appropriate must be taken.	F 06	510	What corrective ation(s) will be	9	07/11/2024
	review, the facility investigation into an identified by a nurs protection was proven the unit. (Residents The immediate jeopresidents' clinical resexual abuse. The Administrator, President, Vice President, Vice President, operations were no		F 06	510	What corrective ation(s) will be accomplished for those reside found to be affected by the deficient practice Resident 56 was placed on one-on-one supervision until transferred to geriatric psych facility. -how other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken Progress notes for all resident the last 90 days reviewed with	nts ne s for	07/11/2024
	jeopardy was remove noncompliance removes severity level of pate	wed on 6/14/24, but lained at the lower scope and stern, no actual harm with the minimal harm that is not			the last 90 days reviewed with concerns identified. Attachmer #8 -what measures will be put place and what systemic chan will be made to ensure that the deficient practice does not reconcern.	nt into iges e	
	reviewed on 6/17/2- included, but were a disease, dementia, a	cord for Resident 50 was 4 at 1:10 p.m. The diagnoses not limited to, Alzheimer's anxiety, and insomnia.			Education with ED and DNS completed on daily review of progress notes to include SBARSs and behavior documentation as well as reporting guidelines for inappropriate touching.		
	1he 5/15/24 Quarte	rly MDS (Minimum Data Set)	I		Attachment #9		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SU		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	
		155264	B. WI	ING		06/20/	/2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD	•	
NAME OF P	ROVIDER OR SUPPLIER	L			TRAIGHT LINE PIKE		
	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER		RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		d the BIMS (brief interview			Education completed with all s	staff	
	· ·	vas not conducted, as she was			on abuse and behavior		
	-	tood. The staff assessment for			management including all PR	N	
		ted she had short and			pool staff.		
		problems. She did not know the					
		at she was in a nursing home.			A44		
	-	for daily decision making were			Attachment #10A, #10B, #10C		
		n that she rarely/never made			#10D, #10E, #11A #11B, #110		
	decisions. It indicates	ed sne nad pnysical as directed towards others,			#11D, #11E, #3A, #3B, #3C, #	เงบ	
		ting, pushing, scratching,			DNS or designee to complete		
	_ ·	using others sexually during			on-going monitoring to review documentation. Audit to be		
		the past seven days. She had			completed during daily clinical	ctat	
	-	ymptoms directed towards			up 5X weekly X 4 weeks, 3X	Siai	
	-	tening, screaming at, and/or			weekly X 4 weeks, then weekl	v to	
		ring one to three days of the			complete 6 months. Attachme	-	
	past seven days.	ring one to three days of the			#12	111	
	pust seven days.				-how the corrective action will	he	
	The 10/5/23 behavio	or care plan, last revised			monitored to ensure that defic		
		she demonstrated sexually			practice will not recur; I.e., who		
		riors by entering male resident			quality assurance program wil		
		ile resident's bed, and making			put into place The results of th		
	• •	nts. The goal, with a target date			audits be reviewed at QAPI x		
		her to interact with others			months to track for any trends		
	·	g social and care situations.			any identified, will continue au		
		to quietly attempt to redirect,			based on QAPI recommendati		
		he behavior was not			otherwise will review on a prn	•	
	_	er physician know if her			basis.		
	behaviors were inte	rfering with her daily			-by what date the systemic		
	care/living; and to p	please refer her to mental			changes for each deficiency w	/ill	
	health services as no	eeded.			be completed		
					7/11/2024		
	There was no assess	sment/evaluation in the					
		eating Resident 50 had the					
		to sexual activity in the					
	facility.						
	2. The clinical reco	ord for Resident 74 was					
	reviewed on 6/13/24	4 at 1:17 p.m. Her diagnoses					
		not limited to: dementia,					
		•					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	NG		06/20/	/2024
				OTTO FEET A	A DED FOR COTAL OT A TEL SID COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
DDIO!		COLDEN DULLE CADE CENTE	n		TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	ĸ	RICHIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	anxiety, and insomi	nia.					
	The 5/25/24 Signifi	icant Change MDS assessment					
	indicated she was s	everely cognitively impaired.					
	She had a behavior	of wandering during one to					
	three of the previou	s seven days. The wandering					
	behavior significan	tly intruded on the privacy of					
	activities of others.						
		or care plan indicated she					
		ally inappropriate behaviors by					
	_	ident's room, laying in male					
		inappropriate touching. The					
	goal was for her be						
		tive 4/8/24, were to offer her					
	_	liked as a diversion; let her					
	1	ner behaviors were interfering					
	I	iving; and to refer her to mental					
	health services as n	eeded.					
	The 4/9/24 behavio	or care plan indicated she					
		rooms; may crawl in bed with					
	others; believed oth	ner male resident was her					
	husband and becam	ne agitated and aggressive					
	when attempting to	redirect. The goal was for her					
	to not harm herself	or others due to her behaviors.					
	Interventions, effec	tive 4/9/24, were to attempt					
	interventions before	e her behaviors began; make					
	family aware of bel	haviors; let her physician know					
	if her behaviors we	re interfering with her daily					
	living, and offer he	re something she liked as a					
	diversion.						
	There was no as	sment/evaluation in the					
		cating Resident 74 had the					
		to sexual activity in the					
	facility.						
	The 6/6/24 9.25 -	m hahaviar nata weitten hv					
		m. behavior note, written by					
	LPIN (Licensed Pra	ctical Nurse) 5, read, "Resident					

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		X1) PROVIDER/SUPPLIER/CLIA	· 1	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		155264	B. WING		06/20/2024	
NAME OF P	PROVIDER OR SUPPLIER	}		T ADDRESS, CITY, STATE, ZIP COD		
				STRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	RICH	MOND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE	
	-	dining room next to a male im to grope her butt in front of				
	_	Interventions attempted:				
		arated and redirected.				
	-	e interventions: Somewhat				
		sident is pacing the unit trying				
	_	get back to this male resident.				
	-	ng very irritated with anyone				
		n her way or attempting to keep				
	them apart."	·				
		n. behavior note, written by				
		ent was standing next to the				
	•	om while a male resident was				
	-	with his hand up her shirt				
	-	breast. Interventions				
	-	ats were separated and a CNA				
		Assistant) was asked to emain apart. Effectiveness of				
		neffective as the two residents				
	continue to seek on					
	commune to scen on	- unicular cum				
	The 6/6/24, 2:49 p.1	m. progress note, written by				
	LPN 5, read, "Resid	lent has roamed the unit				
	seeking out a certain	n male resident all shift.				
		empted to separate the two				
	· ·	lents would become				
		in to lash out at staff verbally				
	and physically."					
	3. The clinical reco	ord for Resident 56 was				
	_	4 at 11:37 a.m. The diagnoses				
		not limited to: Alzheimer's				
		anxiety, and insomnia.				
		•				
		rly MDS assessment indicated				
	the BIMS was not conducted, as he was					
	•	tood. The staff assessment for				
		ated he had short and				
	long-term memory	problems. He did not know the				

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	ING		06/20/	/2024
				CTD FFT A	DDDFGG CITY CTATE ZID COD		
NAME OF I	PROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP COD		
DDIOI()/		COLDEN DI II E CADE CENTE	_		TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	۲	RICHIVIO	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	current season or that he was in a nursing home.						
	His cognitive skills	for daily decision making were					
	moderately impaired, in that decisions were poor,						
	requiring cues/supe	rvision.					
	An observation of F	Resident 56 was made on					
	6/14/24 at 2:05 p.m	. He was lying awake in bed. He					
		was unable to understand					
	what he was attemp	oting to say.					
		or care plan, last revised					
		ne demonstrated sexually					
		viors, believing others were his					
	_	e would hug and sometimes					
		rs. He displayed inappropriate					
		sexually explicit comments to					
	_	as for him to interact with					
		y during social and care					
		tions, effective 3/23/23, were					
		know if his behaviors were					
	_	daily care/living; quietly					
		, reminding him that the					
	_	ppropriate; let him know that					
		fecting others; and to refer him					
		vices as needed. The care plan					
		ntervention to provide					
		on to prevent resident to					
	resident abuse.						
	EI 10/5/2011 :						
		or care plan, last revised					
		ne sometimes demonstrated					
		ate behaviors by entering					
		oms, having female resident					
		, and lay in bed with others.					
	_	m to interact with others					
		g social and care situations.					
		ited 10/5/23, were to let his					
		nis behaviors were interfering					
	1	living; offer him something else					
	he liked; quietly att	empt to re-direct, reminding					

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STATEMENT OF DEFICIENCIES X		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII	LDING	00	COMPL	
		155264	B. WIN	G		06/20/	2024
NAME OF T	NOTABLE OF CLUBS ASS		$\overline{}$	STREET A	DDRESS, CITY, STATE, ZIP COD	•	
NAME OF P	PROVIDER OR SUPPLIER				RAIGHT LINE PIKE		
	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹	RICHMO	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PRECEDED BY FULL		REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
		or was not appropriate; and to health services as needed. The					
		clude an intervention to					
	-	pervision to prevent resident					
	to resident abuse.	pervision to prevent resident					
	to resident dodse.						
	The 8/31/23 behavio	or care plan, last revised					
		e sometimes became frustrated					
		, grabbing, being physically					
	aggressive, and thre	eatening when staff tried to					
		ents from his room. He may					
		g and kicking. The goal was for					
		pisodes of becoming					
		s behavior to stop with staff					
		entions were to attempt					
		his behaviors began; give					
		or ordered; and to offer him as a diversion. The care plan					
	-	as a diversion. The care plan tervention to provide					
		n to prevent resident to					
	resident abuse.	ii to prevent resident to					
	resident douse.						
	There was no assess	sment/evaluation in the					
	clinical record indic	eating Resident 56 had the					
		to sexual activity in the					
	facility.						
	The 6/5/24 0.31 a.r	n. progress note for Resident					
		OON (Director of Nursing) read,					
		to have episodes of becoming					
		en staff is attempting to assist					
		the unit. resident believes that					
		residents are "his girls" and					
		ctive. also continues to					
		unit and at times will enter					
	other resident's roor	n uninvited, usually easily to					
	redirect out of unwanted areas. word salad						
frequently present, however during periods of							
		comes coherent and resident					
	will begin cursing a	t staff. staff will continue to					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	LETED
		155264	B. WI	NG		06/20/	/2024
		•		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEI	R			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	₹	RICHM	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	afety, provide interventions					
		rarranted. resident is followed					
	_	health provider and is					
	-	se PCP [primary care					
	physician] provider."						
	A behavior note, dated 6/6/24 at 9:01 a.m., for						
	·	n by LPN (Licensed Practical					
	Nurse) 5, indicated	, "Resident shoved this nurse					
	out of the doorway	as staff was attempting to					
	_	le resident separated due to sex					
		as the resident doing prior to					
		havior/mood: Resident was in					
	-	d had been noticed rubbing a					
		att as she stood next to him.					
		apted: separation of resident's					
		of the interventions:					
		effective" The note did not					
		tion to show all the identified					
		dress behaviors were acility initiated new					
	_	dress behaviors when the					
		ions were ineffective, or					
		on was provided to prevent					
	further resident-to-						
	_	w with LPN 5, on 6/17/24 at 3:00					
		he behavior in the above					
	progress note was t	he first behavior he witnessed					
	on 6/6/24 between	Resident 56 and Resident 74.					
	The next consecutiv	ve behavior note, dated 6/6/24					
		n by LPN 5 indicated, "Resident					
		the sunroom with his hand up					
		e female resident as earlier.					
		ng the breast of this resident at					
		ions attempted: Both resident's					
		d. Effectiveness of the					
		vention was ineffective as					
		s [sic] continue to seek one					
	I		1				I

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	ì í		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILI		00	COMPL	
		155264	B. WING			06/20/	2024
	PROVIDER OR SUPPLIER	E - GOLDEN RULE CARE CENTER	2	330 ST	ADDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374	-	
	T				- ,		OV.5
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		D	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION	1	EFIX 'AG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
1710	another out." The ne		1	710			DATE
		now all the identified					
		lress behaviors were					
	implemented, the fa						
	interventions to add	lress behaviors when the					
	identified interventi	ons were ineffective, or					
		n was provided to prevent					
	further resident-to-r	resident abuse.					
	During an interview	with LPN 5, on 6/17/24 at 3:00					
	_	e just happened to walk in the					
	sunroom and see Re	esident 56 with his hand up					
	Resident 74's shirt.	There were quite a few other					
	residents in the sum	room at the time, who were					
		ughly six residents total					
	_	56 and Resident 74, and no					
	staff.						
	The next consecutive	ve behavior note, dated 6/6/24					
		sident 56, written by LPN 5					
		t walked up to the same female					
	resident and grab [s	ic] her by the face them [sic]					
	kissed her on the lip	os. Interventions attempted:					
	Separated resident's	[sic.] Effectiveness of the					
		ective." The note did not					
		ion to show all the identified					
		lress behaviors were					
	implemented, the fa						
		lress behaviors when the					
		ons were ineffective, or					
		on was provided to prevent					
	further resident-to-r	resident abuse.					
	During an interview	with LPN 5, on 6/17/24 at 3:00					
	_	he kiss on the lips happened in					
	1	just happened to see it. He					
	_	nallway with the medication					
		74 walked past him, and					
		ut of the dining room. Resident					
	56 grabbed Residen	t 74 on both sides of her face.					

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/20/2024
	ROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER	2330 S	ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE OND, IN 47374	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION d her. It happened quickly,	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	more like a peck on The next consecutive				
	the sunroom with a of him and the three rubbing on one anot	noted sitting on the couch in female resident on either side of them were touching and ther. Interventions attempted:			
	separated. Effective Ineffective." The no documentation to sh	now all the identified			
	identified interventi	cility initiated new ress behaviors when the ons were ineffective, or			
	further resident-to-r During an interview	n was provided to prevent esident abuse. Twith LPN 5, on 6/17/24 at 3:00 here was another female			
	resident, Resident 5 Resident 56, and Reside in reference to	0, sitting on one side of esident 74 sitting on his other the 6/6/24, 2:33 p.m. behavior and rubbing he observed			
	while the 3 of them of the clothing, rubb The two female resi other. Resident 56 v	were on the couch was outside bing legs, and holding hands. dents weren't touching each was in the middle, touching ts, and both female residents			
	were touching him. 56] was a little too b	He stated, "[Name of Resident busy for me that day."			
	by LPN 5, read, "Rewith staff while they	esident has been aggressive y were attempting to redirect om the same female resident			

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
			┕┱	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	t .			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	≀ I		OND, IN 47374		
	<u> </u>						
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA [*] DEFICIENCY)	ΓE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENC!)		DATE
		with LPN 5, on 6/17/24 at 3:00					
	1 ~	he 6/6/24, 2:36 p.m. progress					
		a continuation of separating					
		sident 74 throughout the day.					
		the couch was the last					
		essed on 6/6/24. "From the time					
		In't get any better." He'd only					
		ty for about 3 weeks through off all last week. He normally					
		and had only worked the					
		naybe twice. It was his					
		n talking to other employees					
	_	he unit for a while, that					
		en showing behaviors, and					
		g and intensifying. When he					
	1	e about Resident 56's					
	_	, he made sure his behavior					
		"documented to the best of					
		nt 56 was very sexual in nature,					
		at times, with staff, including					
		t, Resident 56 shoved him. He					
	_	management that day,"					
		the issues, and he was trying					
		supposed to address them. "I					
		planned. They could be					
		n't have sex, and the family					
	1 -	documented." He believed it					
		Manager/Alzheimer's Care					
		or the Administrator who told					
		sn't sure exactly who, because					
	he was still "trying	to learn people." Resident 56's					
		brought up on several					
		quite a few people, including					
		d Nursing Assistants) so they					
		on them and keep them					
		ust told to document					
	everything he saw.	He didn't think of it as sexual					
	abuse, because both	residents were seeking each					
	other out, and it was	s clear they both became					
	agitated due to staff	Etrying to separate them, but					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
		<u> </u>		STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	L.			RAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹		OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL]	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		eing on the "dementia unit					
		ncity to consent," he saw it as					
	-	se. His concern was that					
		e in and be upset by it, ething that families should be					
		y he went forward with making					
		, and it didn't just stop with					
		, and it didn't just stop with , he'd seen Resident 56 be					
		ouching, more like holding					
		guiding them like they were					
		by that he took it. On 6/6/24,					
		ring what was going on					
		6 and Resident 74. They were					
		out. He'd been trained on					
	-	s. He worked full time for the					
	PRN (as needed) Fl	oat Pool, and they trained him					
	on abuse, but could	not recall the last time. He					
	thought it was less t	han a year ago. He had not					
	received any abuse	training in the facility itself.					
		onducted with the ACD					
		Director) on 6/14/24 at 1:50 p.m.					
		been the ACD for about 2					
	•	liar with Resident 56. She did					
		naviors with other female					
	* *	priate. "They will love on					
		cuddle." It was mostly with					
		sident 50 gravitated toward					
		, would sit and hold hands,					
		te. She'd spoken to both esident 74's families and made					
		nt 74's family was religious and					
		as nothing got out of hand.					
		d seen Resident 56 with his					
		74's shirt, but she had not seen					
		nurse told her Resident 56					
		back of Resident 74's shirt					
		em. In the last month,					
	-	en generally harder to redirect.					
		plinary Team] had talked about					
		r / 1 camij maa tankea accat					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹		OND, IN 47374		
(VA) ID	4) ID SUMMARY STATEMENT OF DEFICIENCIE				,		(7/5)
(X4) ID PREFIX		ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	DATE
1710		nned; they talked to families		mo			DATE
	-	out a month and a half ago.					
	una made a note ao	out a month and a nam ago.					
	An interview was c	onducted with CNA 8, on					
		., who worked the day shift of					
	-	ed she normally worked the					
		f the facility and had witnessed					
	Resident 56 wrap h	is arm around female residents					
	and caught him atte	empting to kiss female					
	residents. She was t	told by CNA 9 that Resident 56					
		easts, but CNA 8 hadn't					
		behaviors had been going on					
		ths. Some days he was hard to					
		be loud and aggressive toward					
	-	ushed a male nurse on 6/6/24,					
		work the unit. Resident 56					
	-	ss Resident 74, as she was the					
		nt. "They are like glue." CNA 8					
		ies were aware. Once in a while,					
		try to kiss Resident 50 and a					
	few times tried to k	iss Resident 49.					
	CNA 9 was unavail	able for interview.					
	An interview was c	onducted with CNA 25 on					
	6/17/24 at 2:02 p.m	. She indicated she worked on					
		ing she saw was Resident 56					
		the forehead in the sunroom,					
		he was coming out a resident's					
		informed her in the hallway that					
		was up Resident 74's shirt. She					
	*	anyone, because LPN 5					
		e was going to take care of it.					
	_	had it handled, because he					
	was the nurse in ch	arge.					
	A progress note da	ted 6/10/24 at 9:56 p.m., for					
		by the DON, read, "Resident					
		pisodes of becoming easily					
		with staff when staff provides					
	•		1				

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		155264	B. WING		06/20/2024
			STREET	ADDRESS, CITY, STATE, ZIP COD	
NAME OF P	PROVIDER OR SUPPLIER	8		STRAIGHT LINE PIKE	
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER		10ND, IN 47374	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		lated to] behaviors displayed			
		ts. Resident has been noted to			
	_	ith female residents and			
		g. Resident with severe			
		status and unable to recall			
		nappropriate. resident with			
		en staff intervenes, word salad			
		re, tone of voice becoming			
		ional cursing noted. wanders			
		nes will enter other resident's			
		ations. Resident frequently			
		eas without incident. family is			
		and understands [sic] that			
		to recognize inappropriateness			
		ent continues to be followed			
	-	d in house psych provider.			
		to attempt to ensure safety,			
	offer interventions a	and assistance as warranted."			
	An interview was co	onducted with the			
	Administrator, DO	N, Vice President of Risk and			
		ance, and Regional Director of			
	•	on 6/14/24 at 1:45 p.m. after			
	they read Resident	56's 6/6/24 behavior notes from			
		n record. The Administrator			
		ot know about Resident 56's			
		he knew Resident 56 was			
		old hands, and thought			
		s wife. The ACD had spoken to			
	_	ard to these things. The			
		ot report, investigate, or take			
		24 occurrences, as she was			
		he DON indicated she had			
		Resident 56's 6/6/24 behaviors			
		ading the notes. She was not			
		had his hand up Resident 74's			
		ware of him rubbing on her			
		ng room and touching on the			
		male nurse on the unit on			
	6/6/24, so when he	was trying to intervene, she			

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	T OF DEFICIENCIES DF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	· /	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/20 /	ETED
	ROVIDER OR SUPPLIER	C - GOLDEN RULE CARE CENTER	₹	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
TAG	thought Resident 56 him being male and Resident 56 would a protective mode we intervene, distract, to various intervention. An interview was conference of the 6/6/24 sexual Resident 74's day. She indicated the factor of the 6/6/24 sexual Resident 74 would be this behavior, as she didn't have dementing her knowledge, not Resident 56 and Resident 56 and Resident 56 try to go forehead, which did was kind of sweet. It wanted to know about kissing and didn't resident 56's son indicated he wasn't 6/6/24 behaviors unyear ago and inform bed with him, kinda anything was done, staff was responsible.	R LSC IDENTIFYING INFORMATION of may have had a problem with a trying to intervene, as say "Those are my girls," and a buld step in. They tried to take him outside, and use as to address his behaviors. onducted with Family Member aghter, on 6/18/24 at 10:33 a.m. acility informed her, on 6/14/24, activity involving her mom. have been very opposed to e was quite religious. "If she a, she would be appalled." To hing happened prior to 6/6/24. sident 74 had been "kind of ." They would sit together, but kissing "that I know of," just other. One time she saw give Resident 74 a kiss on her In't bother Family Member 6. It Family Member 6 would have but previous hand holding or ealize it had "gotten into this." onducted with Family Member a, on 6/18/24 at 12:12 p.m. He notified about his father's attil 6/14/24. They called him a med him Resident 74 "was in a messing around, not sure kinda fooling around." The le for his father and the other stioned how this happened		TAG			DATE
	An interview was co 6/17/24 at 10:53 a.r. was responsible for	onducted with the DON on n. She indicated the home office training PRN (as needed) abuse, identification, and					

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CC	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
		155264	B. W	ING		06/20	/2024
				STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	R		OND, IN 47374		
DICIOICIA		E - GOEDEN NOLE GARLE GENTE		1 (10) IIVI	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		not provided to them in the					
	<u> </u>	tanding was they were already					
	trained when they o	came into the facility to work.					
		provided a copy of the 6/12/24					
	-	ne facility on 6/13/24 at 11:00					
		ere were 18 residents on the					
		Unit of the facility including					
	Residents 49, 50, 5	6, and 74.					
	The Alexa No. 1	4 1 F 1-14-41 1'					
	_	t, and Exploitation policy was					
	1 *	ON on 6/17/24 at 11:08 a.m. It					
		e is non-consensual sexual					
		with a residentPrevention					
	_	and Exploitation. The facility					
		icies and procedures to prevent					
		es of abuse, neglect,					
		f resident property, and					
	_	hieves: A. Establishing a safe					
		apports, to the extent possible,					
		sual sexual relationship and by					
		s and protocols for preventing may include identifying when,					
		determinations of capacity to contact will be made and					
		ntation will be recorded; and					
		to establish a relationship with					
		which may include the the presence of an ongoing					
	_						
		elationship; B. Identifying, rvening in situations in which					
	abuse, neglect, expl						
		f resident property is more the deployment of trained and					
	1	d, licensed, and certified staff					
		ficient numbers to meet the					
		nts, and assure that the staff					
	residents' care need	vledge of the individual					
	symptoms;Investi	igation of Alleged Abuse,	1				

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	· /	JILDING	instruction 00	(X3) DATE COMPL 06/20/	LETED
	PROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTE	R	2330 S	ADDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.IE	DATE
		tation A. An immediate					
		ranted when suspicion of					
	_	aploitation, or reports of abuse,					
	neglect or exploitat	ion occurProtection of					
	Resident. The facil	ity will make efforts to ensure					
	all residents are pro	tected from physical and					
		as well as additional abuse,					
	_	investigation. Examples					
		limited to: A. responding					
		tect he alleged victim and					
		estigation;C. Increased					
	_	lleged victim and residents;					
		g changes, if necessary to					
	protect the resident						
	1	stection from retaliation; F. Il support and counseling to					
	_	and after the investigation, as					
	_	on of the resident's care plan if					
		eal, nursing, physical, mental,					
		eds or preferences change as a					
	result of an inciden	-					
		e A. The facility fill have					
		that include: 1. Reporting of					
		ns to the Administrator, state					
	_	ctive services and to all other					
		within specified time frames: a.					
	Immediately, but no	ot later than 2 hours after the					
	"	if the events that cause the					
	allegation involve a	buse or result in serious					
	bodily injury."						
	3.1-28(d)						
F 0641	483.20(g)						
SS=D	Accuracy of Asse	ssments					
Bldg. 00	1	acy of Assessments.					
-	- '-'	nust accurately reflect the					
	resident's status.	-					
	Based on interview	and record review, the facility	F 00	641	-what corrective action(s) will accomplished for those reside		07/11/2024

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	ING		06/20/	2024
			_	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIE	R			TRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCAR	E - GOLDEN RULE CARE CENTE	R		OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		encode minimum data set			found to have been affected b	y the	
		sident 17's prognosis of six			deficient practice		
		for Resident 54's utilization of			MDS for resident 17 and 54		
	_	or 2 of 2 residents reviewed for			correctedhow other reside		
	minimum data set	assessment hospice accuracy.			having the potential to be affe		
					by the same deficient practice		
	Findings include:				be identified and what correct		
					actions will be taken MDS for		
		ord for Resident 17 was reviewed			residents on hospice services	;	
		22 p.m. The medical diagnosis			reviewed to ensure		
	included respirator	y failure.			accuracy. Attachment #13-w		
					measures will be put into place		
		um Data Set Assessment, dated			and what systemic changes w	vill	
		ed Resident 17 was cognitively			be made to ensure that the		
	_	ave a life expectancy of six			deficient practice does not		
	months or less, but	utilized hospice services.			recur Education completed wi	ith	
		1 . 10/04/0000 1 11 10			RNAC on coding MDS		
		dated 3/21/2023, indicated for			accurately. Attachment		
	Resident 17 to rece	eive hospice services.			#14Administrator or designee	to	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			complete ongoing audits of		
		g order, dated 12/31/2023,			completed MDS for those on		
		esident 17's hospice binder at			hospice to ensure accurate		
		The order indicated that			coding. Audits to be complete		
	•	terminal illness with a life			weekly X 4 weeks and month	ly	
	expectancy of six r	nontns or less.			thereafter to complete 6		
	0 TT 1: 1	16 D :1 .54			months. Attachment #15-hov		
		ord for Resident 54 was reviewed			corrective action will be monit		
		:05 a.m. The medical diagnosis			to ensure that deficient practic		
	included diabetes v	vith neuropathy.			will not recur; I.e., what quality	•	
	A Ciamifi C1	aca Minimum Data C-4			assurance program will be pu	ı into	
	_	nge Minimum Data Set			place		
		6/5/2024, indicated that			The results of these audits to	ha	
		ognitively intact, had a life nonths or less, but did not					
					reviewed at QAPI x 6 months	ເບ	
	receive hospice ser	VICES.			track for any trends. If any		
	A physician and	dated 6/2/2024 indicated for			identified, will continue audits		
		dated 6/3/2024, indicated for			based on QAPI recommendate	uons,	
	Resident 34 to rece	eive hospice services.			otherwise will review on PRN		
	A 1 1				basis.		
	A hospice standing	g order, dated 5/31/2024,	1		br="">-by what date the syste	mic	

residents reviewed for activities of daily living.

1. The clinical record for Resident 2 was reviewed

on 6/18/2024 at 11:10 a.m. The medical diagnosis

A baseline activities of daily living care plan,

dated 5/28/2024, indicated to assist Resident 2

with eating as needed. This care plan did not

Findings include:

included heart failure.

PRINTED: 07/12/2024 FORM APPROVED

ETAKTIMENT OF HEALTH AND HU	VIAN SERVICES		FORM ALL KOVED
ENTERS FOR MEDICARE & MEDIC	AID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>	COMPLETED
	155264	B. WING	06/20/2024
	•	CTREET ADDRESS CITY STATE ZIR COD	

	PROVIDER OR SUPPLIER ARD HEALTHCARE - GOLDEN RULE CARE CENTEF	2330 S	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	located inside of Resident 54's hospice binder at the nurses' station. The order indicated that Resident 54 had a terminal illness with a life expectancy of six months or less.		changes for each deficiency will be completed 7/11/2024		
	An interview with the Registered Nurse Assessment Coordinator (RNAC), on 6/19/2024 at 11:40 a.m., indicated the aforementioned assessment were encoded in error and she would initiate modifications of their records.				
	A policy entitled, "Conducting an Accurate Resident Assessment", was provided by the Area Vice President on 6/18/2024 at 12:45 p.m. The policy indicated the purpose of the policy was for all residents to receive an accurate assessment.				
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;				
	Based on observation, interview, and record review, the facility failed to assist a resident with eating (Resident 2) and a dependent resident with shaving to their preference (Resident 54) for 2 of 4	F 0677	-what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice Resident 2 no longer resides in	07/11/2024	

the facility. Resident 54 was assisted with shaving. -how other

corrective actions will be

completed per resident

taken Audit completed of all residents to ensure shaving

residents having the potential to be affected by the same deficient

practice will be identified and what

preference. Audit completed of all

residents that require assistance

U13P11 Facility ID: 000165 If continuation sheet Page 59 of 81 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII	LDING	00	COMPL	ETED
		155264	B. WIN	G		06/20/	2024
			' Т	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIEF	R			FRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	2		OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	P	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		of assistance, or the number			with eating to ensure plan of c	are	
	of staff needed.				reflects need for		
					assistance. Attachment #16a		
	An Admission Minimum Data Set Assessment, dated 5/30/2024, indicated that Resident 2 was				and #16B-what measures will		
					put into place and what systen		
		d, independent with eating,			changes will be made to ensur		
		tial to maximum assistance			that the deficient practice does		
	with dressing.				recur Education completed wit nursing staff on Activities of Da		
	An observation and	interview, on 6/14/2024 at			Living which includes assisting	•	
		mily Member 12 indicated that			residents with meals if needed		
		-			shaving residents. Attachmer		
	Resident 2 had an overall decline in their condition since they were admitted to the facility				#17 and #3A, #3B, #3C,		
	_	Family Member 12 tried to			#3DEducation completed with		
	-	spend time with her mother.			advocates and monitoring resi	dent	
		between 11:00 and 11:30 a.m.			facial hair during advocate rou		
	-	assistance with eating and			5 X weekly. Attachment #4A a		
	there had been mult	tiple times that Resident 2			#4BDNS or will complete on-		
	would be found cov	vered in food on her clothing,			going audits to ensure residen	ts	
	have food spilled in	her room on the floor, and still			are assisted with shaving bein	g	
	have her breakfast t	ray in her room when Family			completed. Audits will be		
		o visit around 11:00 a.m. to 11:30			completed 5X weekly X4 week	κs,	
	-	er 12 recalled an event that had			3X weekly X 4 weeks, weekly	X 4	
		a week ago, on what she			weeks, and monthly thereafter		
		24, and during that time, staff			complete 6 months. Meal aud		
	_	ident 2's lunch tray. Family			to be completed at random me		
		ed while she was visiting with			to include all 3 meals to ensure		
		nt 2's lunch tray was passed,			assistance is provided to those		
		ack to assist Resident 2 with			residents that require assistan	ce	
		2 had not attempted to feed			with meals. Audit to be	.	
		ime. Family Member 12 began with eating about 45 minutes			completed 5X weekly X4 week		
		bassed because her food was			3X weekly X 4 weeks, weekly weeks, and monthly thereafter		
		er ice cream was melting.			complete 6 months. Attachmen		
		indicated that staff had already			#18-how the corrective action		
		f the trays on the unit when			be monitored to ensure that	**!!!	
		her mother eat, reiterating that			deficient practice will not recur		
		n to check on them or offer to			I.e., what quality assurance	,	
	assist her mother w				program will be put into place		
		2			, 5		
			I				

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DAT				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD	ING	00	COMPL	ETED	
		155264	B. WING			06/20/	2024	
					_			
NAME OF P	PROVIDER OR SUPPLIEI	R			ADDRESS, CITY, STATE, ZIP COD			
					TRAIGHT LINE PIKE			
BRICKY	ARD HEALTHCAR	E - GOLDEN RULE CARE CENTER	R .	CHM	OND, IN 47374			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	<u> </u>	D			(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PRE	EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT		COMPLETION	
TAG	``	R LSC IDENTIFYING INFORMATION		AG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE	
		dated 6/9/2024, indicated that			The results of these audits to b	ne		
		Family Member 12 was going to			reviewed at QAPI x 6 months to			
	help Resident 2 wit				track for any trends. If any	.0		
	neip Resident 2 wit	in cuting.			identified, will continue audits			
	A confidential staff	f interview completed during			based on QAPI recommendati	ono		
		d that they assisted with				OHS,		
	1	at day and it was a "bad day".			otherwise will review on PRN			
		to assist Resident 2 with eating			basis.	nio		
	1	iter usually is here for lunch"			br="">-by what date the system			
		happening" that day.			changes for each deficiency w	111		
		rd of Resident 54 was reviewed			be completed			
					7/11/2024			
		a.m. The diagnoses included,						
		to, hemiplegia and hemiparesis						
	_	infarction affecting left						
		other sequelae of cerebral						
	infarction, and mus	cle weakness (generalized).						
	TEI A 13.6' '	D + G + (MDS)						
		num Data Set (MDS)						
		ident 54, dated 5/1/24,						
		ent was cognitively intact for						
	daily decision mak	ing.						
	A care plan initiate	ed on 7/19/22, indicated						
	_	physical functioning deficit						
		and selfcare impairment.						
	related to illoulity	and sericare impairment.						
	An observation and	l interview of Resident 54, on						
		m., noted the resident was lying						
	_	rate amount of facial hair.						
		red he did not want a beard and						
	l ~	ven. Resident 54 stated he was own face and he had a						
		ition of shortening and						
	_	es, tendons, or other tissue,						
	_	formity and rigidity of joints) to						
	the left hand.							
		C/14/04 + 11 05						
		6/14/24 at 11:25 a.m., noted						
	Resident 54 in bed	with a long beard.						

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	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ì í	JLTIPLE CO	ONSTRUCTION 00	(X3) DATE COMPL	
		155264	B. WI			06/20/	
NAME OF P	PROVIDER OR SUPPLIEF	3			ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹	RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION DATE
	An observation, on	6/17/24 at 12:04 p.m., noted in a wheelchair with a shaved					
	_	hat he was shaved that					
	morning.						
		the DNS (Director of Nursing					
	· ·	24 at 12:32 p.m., indicated that were responsible for residents					
	_	indicated that shaving should					
	be offered with eve	ry shower and/or bath.					
		Activities of Daily Living					
		ided by the Area Vice 24 at 12:45 p.m. The policy					
		ving, " Care and services will					
		following activities of daily					
	-	dressing, grooming, and oral					
	-	clude meals and snacks". A ble to carry out activities of					
		reive the necessary services to					
		ition, grooming, and personal					
	and oral hygiene						
	3.1-38(a)(2)(D)						
	3.1-38(a)(3)(D)						
	3.1-38(b)(4)						
F 0695	483.25(i)						
SS=D Bldg. 00	Respiratory/Trach Suctioning	eostomy Care and					
Diag. 00	_	ratory care, including					
	- ''	e and tracheal suctioning.					
	-	ensure that a resident who					
	needs respiratory	care, including					
		e and tracheal suctioning,					
		care, consistent with					
		dards of practice, the					
		erson-centered care plan, ls and preferences, and					
	483.65 of this sub	•					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUC		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
		155264	B. WI	NG		06/20/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF P	PROVIDER OR SUPPLIER	8			TRAIGHT LINE PIKE		
BDICKV		E - GOLDEN RULE CARE CENTER)		IOND, IN 47374		
DRIUNYA	AND REALINGARE	- GOLDEN ROLE CARE CENTER	<u> </u>	KICHIVI			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
			F 06	595	-what corrective action(s) will I		07/11/2024
		on, interview, and record			accomplished for those reside	nts	
	review, the facility	-			found to have been affected by	y the	
	humidification for I				deficient practice		
		of 2 residents reviewed for			Resident 2 no longer resides i		
	respiratory care nee	ds.			the facilityhow other residen		
					having the potential to be affect		
	Findings include:				by the same deficient practice		
					be identified and what correcti	ve	
		for Resident 2 was reviewed on			actions will be taken Audit		
		a.m. The medical diagnosis			completed of all residents with		
	included heart failure.				oxygen to ensure humidification		
		_			changed per policy. Attachme		
		imum Data Set Assessment,			#19-what measures will be pu		
		dicated that Resident 2 was			place and what systemic chan	_	
	cognitively impaire	d.			will be made to ensure that the	9	
					deficient practice does not		
		for Resident 2, dated 5/24/2024,			recur Education completed wit	th all	
	-	prefilled bottles on her			nursing staff on oxygen		
		r and humifaction weekly and			administration which includes		
	as needed.				changing		
		1 . 1 . (/10/0004 . 11 45			humidification. Attachment #20	0 A,	
		ducted, on 6/13/2024 at 11:45			#20B and #3A, #3B, #3C,	I.	
		at 2 sitting in her BRODA chair			#3D Education completed wit		
	_	itting next to her. Resident 12			advocates on monitoring for til	-	
		n via nasal cannula with the			changing of 02 supplies during	-	
		le empty and labelled			rounds. Advocate rounds 5 tir	nes	
	"6/6/2024".				weekly. Attachment #4B	nloto	
	An observation ass	ducted, on 6/14/2024 at 11:30			#4BDNS or designee will com	-	
		*			on- going monitoring to ensure		
		it 2 sitting in her BRODA chair itting next to her. Resident 12			supplies are changed weekly policy. Bandom resident with		
	_	n via nasal cannula with the			policy. Random resident with will be checked 5X weekly X4	UZ	
		le empty and labelled			weeks, 3X weekly X 4 weeks,		
	"6/6/2024".	compty and tabelled			weekly X 4 weeks, and month		
	0/0/202 1 .				thereafter to complete 6	ıy	
	An observation con	ducted, on 6/17/2024 at 12:50			months. Attachment #21-how	the	
		at 2 lying in bed utilizing			corrective action will be monitor		
	-	nnula with a humidification			to ensure that deficient practic		
	bottle empty and lal						
	bottle empty and lat	OCTION 0/0/2024 .	I		will not recur; I.e., what quality	,	1

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	. MEDICARE & MEDIC	_	T		OMB NO. 0938-039		
	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED		
		155264	B. WING		06/20/2024		
	ROVIDER OR SUPPLIER	E - GOLDEN RULE CARE CENTE	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)		
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE			
TAG		R LSC IDENTIFYING INFORMATION	TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE		
F 0744 SS=E Bldg. 00	6/17/2024 at 12:55; Nurse (LPN) 11 ind bottle was empty, d should be changed would change the "nasal cannula and h. A policy entitled, "Oprovided by the Are at 12:45 p.m. The pChange humidifie hours or per facility the manufacturer" 3.1-47(a)(6) 483.40(b)(3) Treatment/Service §483.40(b)(3) A rediagnosed with deappropriate treatmor maintain his or physical, mental, a well-being. Based on observation review, the facility behavior care plans monitoring and superesidents' behaviors Alzheimer's Care U 56, 57, 67, and 74) Findings include: 1. The clinical recoreviewed on 6/17/24	Oxygen Administration", was a Vice President on 6/18/2024 olicy indicated the following, "ad bottle when empty, every 72 opolicy, or as recommended by a for Dementia esident who displays or is ementia, receives the nent and services to attain her highest practicable	F 0744	assurance program will be put place The results of these audits to reviewed at QAPI x 6 months track for any trends. If any identified, will continue audits based on QAPI recommendat otherwise will review on PRN basis. br="">-by what date the system changes for each deficiency who be completed 7/11/2024	be to ions, mic vill be ents yithe 7, s -how		

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disease, anxiety, and insomnia.

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If o

care plans completed to identify

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CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES			OMB NO. 0938-039
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		155264	B. WING		06/20/2024
			<u> </u>		
NAME OF F	PROVIDER OR SUPPLIEF	8		T ADDRESS, CITY, STATE, ZIP COD	
				STRAIGHT LINE PIKE	
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	R RICH	IMOND, IN 47374	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	
TAG	`	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DATE
1710	REGUENTION OF	CESC IDENTIFICATION ORWINGTON	1710	proper behavior monitoring	DATE
	The 5/15/24 Occurs	als: MDC (Minimum Data Cat)		1	
	~	rly MDS (Minimum Data Set)		interventions are in place.	
		ed the BIMS (brief interview		Attachment #22 -what measi	
	· ·	vas not conducted, as she was		will be put into place and who	
	I	tood. The staff assessment for		systemic changes will be ma	
	mental status indica	ated she had short term and		ensure that the deficient prac	ctice
	long-term memory	problems. She did not know the		does not recur All staff educa	ated
	current season or th	at she was in a nursing home.		on proper rounding and beha	avior
	Her cognitive skills	for daily decision making were		monitoring policies and	
	severely impaired,	in that she rarely/never made		procedures. Attachment #23	and
	decisions. It indicat	-		#3A, #3B, #3C, #3D The	
		ns directed towards others,		Executive Director or her des	signee
		king, pushing, scratching,		to assess the unit for potential	•
	_	using others sexually during		adaptations throughout unit t	
		the past seven days. She had		allow for increased	~
	-	ymptoms directed towards			tor or
		-		supervision. Executive Direc	
		tening, screaming at, and/or		designee will complete on-go	-
	_	ring one to three days of the		monitoring of resident behav	
	past seven days.			and care plans during morning	-
				meeting 5X weekly X4 weeks	
		or care plan, last revised		weekly X 4 weeks, weekly X	4
		she demonstrated sexually		weeks, and monthly thereaft	er to
	inappropriate behav	viors by entering male resident		complete 6 months. Attachm	ent
	rooms, laying in ma	ale resident's bed, and making		#24 -how the corrective action	on will
	sex-related commer	nts. The goal, with a target date		be monitored to ensure that	
	of 8/13/24, was for	her to interact with others		deficient practice will not rec	ur;
	appropriately during	g social and care situations.		I.e., what quality assurance	
		to quietly attempt to redirect,		program will be put into place	e
		the behavior was not			
	_	er physician know if her		The results of these audits to	o be
		referring with her daily		reviewed at QAPI x 6 months	
		blease refer her to mental		track for any trends. If any	
	health services as n			identified, will continue audits	
	nearm services as ii	coucu.			
	Thomas vive - · · · · ·	am ant/arrabaction is 41 -		based on QAPI recommenda	
		sment/evaluation in the		otherwise will review on PRN	4
		cating Resident 50 had the		basis.	
		to sexual activity in the		br="">	
	facility.			-by what date the systemic	
	l			changes for each deficiency	will

The 6/6/24, 2:33 p.m. behavior note for Resident

be completed

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20	/2024
NA 55 05 5	NOT THE CO. ST. ST. ST.			STREET A	ADDRESS, CITY, STATE, ZIP COD	1	
NAME OF P	PROVIDER OR SUPPLIEI	K		2330 S	TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	₹	RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-	5, indicated, "Resident was			7/11/2024		
	_	couch in the sunroom with a					
		either side of him and the three					
		ing and rubbing on one					
		ons attempted: Resident's [sic]					
	were asked to stop	and then separated. e interventions: Ineffective."					
		clude documentation to show					
		terventions to address					
		blemented, the facility initiated					
		o address behaviors when the					
		ions were ineffective, or					
		on was provided to prevent					
	further resident-to-						
	During an interviev	w with LPN 5 on 6/17/24 at 3:00					
	p.m., he indicated of	on 6/624 at 2:33 p.m., he					
	observed Resident	50 sitting on a couch in					
	between Resident 5	66 and Resident 74. LPN 5					
	indicated he observ	red Resident 56 touching and					
	-	0 and Resident 74. The					
	-	ng he observed while the three					
		e couch was outside of the					
		egs, and holding hands.					
		esident 50 weren't touching					
		n Resident 74 and Resident 50					
	were touching Resi	dent 56.					
	Resident 50's progr	ress notes did not reference the					
		l in Resident 56's 6/6/24, 2:33					
	p.m. behavior note.						
		mation in Resident 50's clinical					
	_	ne progress notes, to indicate					
		cian was informed of her					
		ed in Resident 56's above					
	_	ehavior note or that her mental					
	health provider was	s made aware, as care planned.					
	An interview was c	conducted with LPN 5 on					

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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		NSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG 6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER			00		
DATE REGULATORY OR LSC IDENTIFYING INFORMATION Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374 [X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) BY PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY BY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE COMPLETION DATE TAG TAG TAG TAG SEGULATORY OR LSC IDENTIFYING INFORMATION TAG COMPLETION DATE COMPLETION DATE COMPLETION DATE COMPLETION DATE COMPLETION DATE COMPLETION DATE TAG TAG SEGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG TAG TAG TAG TAG TAG SEGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG TAG TAG TAG TAG TAG TA			100204	D. W.	_		00/20/	2024
BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER RICHMOND, IN 47374 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to	NAME OF P	ROVIDER OR SUPPLIER	3					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION 6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to	BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTE	R				
TAG REGULATORY OR LSC IDENTIFYING INFORMATION 6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
6/17/24 at 3:00 p.m. He indicated he did not inform Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		`				CROSS-REFERENCED TO THE APPROPRIA	TE	
Resident 50's "family or doctor or anything." He just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to	TAG			+	TAG	DEFICIENCY		DATE
just documented the behaviors to the best of his ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		_						
ability. 2. The clinical record for Resident 74 was reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to			, ,					
reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		-						
reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		,						
included, but were not limited to: dementia, anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to		reviewed on 6/13/24 at 1:17 p.m. Her diagnoses included, but were not limited to: dementia,						
anxiety, and insomnia. The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to								
The 5/25/24 Significant Change MDS assessment indicated she was severely cognitively impaired. She had a behavior of wandering during one to								
indicated she was severely cognitively impaired. She had a behavior of wandering during one to		anxiety, and insomi	ша.					
indicated she was severely cognitively impaired. She had a behavior of wandering during one to		The 5/25/24 Signifi	cant Change MDS assessment					
		_	_					
		She had a behavior	of wandering during one to					
		three of the previous seven days. The wandering						
behavior significantly intruded on the privacy of		_	tly intruded on the privacy of					
activities of others.		activities of others.						
An observation of Resident 74 was made on		An observation of F	Resident 74 was made on					
6/13/24 at 1:17 p.m. She was continuously								
wandering about the unit from the dining room		wandering about the	e unit from the dining room					
into the hallway and into the sunroom.		into the hallway and	d into the sunroom.					
The 4/8/24 behavior care plan indicated she		The 4/8/24 behavio	r care plan indicated she					
demonstrated sexually inappropriate behaviors by								
entering a male resident's room, laying in male		-	· ·					
resident's bed, and inappropriate touching. The								
goal was for her behaviors to lessen.		-						
Interventions, effective 4/8/24, were to offer her something else she liked as a diversion; let her								
physician know if her behaviors were interfering		-						
with her daily care/living; and to refer her to			_					
mental health services as needed.								
The 4/9/24 behavior care plan indicated she		The 4/9/24 behavio	r care plan indicated she					
wandered in others' rooms; may crawl in bed with								
others; believed other male resident was her		others; believed oth	ner male resident was her					
husband and became agitated and aggressive								
when attempting to redirect. The goal was for her								
to not harm herself or others due to her behaviors. Interventions, effective 4/9/24, were to attempt								

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	ì í	JILDING	nstruction <u>00</u>	(X3) DATE (COMPL 06/20/	ETED
	ROVIDER OR SUPPLIEF	C - GOLDEN RULE CARE CENTER	₹	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	family aware of beh if her behaviors we	e her behaviors began; make naviors; let her physician know re interfering with her daily e something she liked as a					
	clinical record indic	sment/evaluation in the cating Resident 74 had the to sexual activity in the					
	by LPN (Licensed I "Resident was stand a male resident allo front of the other reattempted: Resider redirected. Effective Somewhat effective unit trying to figure male resident. She is with anyone whom attempting to keep	red 6/6/24 at 8:35 a.m., written Practical Nurse) 5, read, ding in the dining room next to wing him to grope her butt in sidents. Interventions ats were separated and eness of the interventions: e, though resident is pacing the out how to get back to this is also becoming very irritated [sic] is standing in her way or them apart." The note did not					
	interventions to add implemented, the fa interventions to add identified intervention	lress behaviors when the ions were ineffective, or on was provided to prevent					
	dated 6/6/24 at 9:35 indicated, "Residen couch in the dayroo sitting on the couch and rubbing on her attempted: Resider (Certified Nursing 2)	we behavior progress note, 5 a.m., written by LPN 5 t was standing next to the 5 m while a male resident was a with his hand up her shirt breast. Interventions at were separated and a CNA Assistant) was asked to 5 main apart. Effectiveness of					

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155264	B. W	NG		06/20/	2024
		<u> </u>		CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			TRAIGHT LINE PIKE		
BDICKA		E - GOLDEN RULE CARE CENTER	5		OND, IN 47374		
DINIONIA	AND HEALTHCANE	- GOLDEN KOLE CARE CENTER	`	KICI IIVI	JND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		neffective as the two residents					
	continue to seek on	e another out."					
	_	nt progress note related to					
		viors, dated 6/6/24 at 2:49 p.m.,					
	· ·	read, "Resident has roamed the					
	_	ertain male resident all shift.					
		empted to separate the two					
	· · · · · · · · · · · · · · · · · · ·	dents would become					
		in to lash out at staff verbally					
		e note did not include how all the identified					
		lress behaviors were					
	implemented, the fa						
		lress behaviors when the					
		ions were ineffective, or					
		on was provided to prevent					
	further resident-to-						
	further resident-to-i	esident abuse.					
	There was no inform	mation in the clinical record,					
		ess notes, to indicate Resident					
		informed of her behaviors					
		oove 6/6/24, 8:35 a.m. behavior					
	note, 6/6/24, 9:35 a	.m. behavior note, or 6/6/24,					
	2:49 p.m. progress	note or that her mental health					
	provider was made	aware, as care planned.					
	An interview was c	onducted with LPN 5 on					
	_	. He indicated he did not inform					
		ly or doctor or anything." He					
	l "	e behaviors to the best of his					
	ability.						
	.						
		onducted with Family Member					
		33 a.m. She indicated Resident					
		6 had been kind of "buddies for					
	•	ald sit together, but no hand					
		hat she knew of, just sitting					
		Family Member 6 would have					
	wanted to know abo	out prior kissing and hand					

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE ((X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		155264	B. WING		06/20/2024
NAME OF P	PROVIDER OR SUPPLIER	3		ADDRESS, CITY, STATE, ZIP COD	
				STRAIGHT LINE PIKE	
BRICKYA	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTER	RICH	MOND, IN 47374	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE
	•	she saw Resident 56 try to give on her forehead, which didn't			
		vere a couple times Resident 74			
		s bed, while he was in his			
		new and kept having to move			
		nto Resident 74's room before,			
		t was in her bed. No one			
	informed her about	Resident 56 rubbing Resident			
	74's buttocks in the	dining room on 6/6/24.			
		have been very opposed to			
		e was quite religious. "If she			
	didn't have dementi	a, she would be appalled."			
	3 The clinical reco	rd for Resident 56 was reviewed			
		a.m. The diagnoses included,			
		d to: Alzheimer's disease,			
	dementia, anxiety, a				
		rly MDS assessment indicated			
		conducted, as he was			
	-	tood. The staff assessment for			
		ated he had short and			
	-	problems. He did not know the at he was in a nursing home.			
		for daily decision making were			
	_	d, in that decisions were poor,			
	requiring cues/supe				
		Resident 56 was made on			
	•	. He was lying awake in bed. He			
		was unable to understand			
	what he was attemp	oting to say.			
	The 3/23/23 behavi	or care plan, last revised			
		ne demonstrated sexually			
		viors, believing others were his			
		e would hug and sometimes			
	_	rs. He displayed inappropriate			
	^	sexually explicit comments to			
	-	s for him to interact with			

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/20/2024			
	PROVIDER OR SUPPLIER	- GOLDEN RULE CARE CENTER						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	situations. Intervent to let his physician linterfering with his attempt to re-direct, behavior was not aphis behavior was aft to mental health ser did not include an in adequate supervision resident abuse. The 10/5/23 behavior 4/16/24, indicated his sexually inappropriate female residents' roccome into his room. The goal was for his appropriately during Interventions, initial physician know if his daily care/line liked; quietly atto him that the behavior refer him to mental care plan did not incomprovide adequate sure to resident abuse. The 8/31/23 behavior 4/16/24, indicated his or agitated, pushing aggressive, and three redirect other resideres to the resi	during social and care ions, effective 3/23/23, were know if his behaviors were daily care/living; quietly reminding him that the propriate; let him know that fecting others; and to refer him vices as needed. The care plan intervention to provide in to prevent resident to or care plan, last revised the sometimes demonstrated ate behaviors by entering toms, having female resident and lay in bed with others. In to interact with others the social and care situations. The different plan to re-direct, reminding to was not appropriate; and to health services as needed. The clude an intervention to pervision to prevent resident or care plan, last revised the sometimes became frustrated the grabbing, being physically attening when staff tried to must from his room. He may the grab havior to stop with staff tentions were to attempt to his behaviors began; give to or ordered; and to offer him						

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CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES				OM	1B NO. 0938-039
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUI	LDING	00	COMPI	LETED
		155264	B. WIN	lG		06/20	/2024
	PROVIDER OR SUPPLIER	E - GOLDEN RULE CARE CENTI	ĒR	2330 ST	ADDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	I	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	AIE.	DATE
	something he liked	as a diversion. The care plan					
	_	ntervention to provide					
		on to prevent resident to					
	resident abuse.						
	There was no assess	sment/evaluation in the					
		cating Resident 56 had the					
		to sexual activity in the					
	facility.	to sexual activity in the					
	lucinty.						
	The 5/29/24 psychia	atry progress note indicated,					
		oday per facility request for					
		on, medication management,					
		dose reduction] review. Patient					
		nmon area, pacing up and					
		Patient presents anxious,					
	_	inues to follow another female					
		confused at times during the					
	_	orts that he has good appetite					
	_	ight. Per facility, patient can					
		e, agitation, verbally and					
		ve toward staff and some					
		redirect at times. Starts					
		oo [by mouth] bid [twice daily					
]" Follow up in tw	vo weeks and as needed.					
	The 6/5/24 0:21 -	n negaraga nota for Dazidant					
		m. progress note for Resident OON (Director of Nursing)					
	•						
		continues to have episodes of					
		at staff when staff is					
		female residents on the unit.					
		at some of the female residents					
	_	becomes very protective. also					
		r [sic] about unit and at times					
		dent's room uninvited, usually					
		at of unwanted areas. Word					
		esent, however during periods					
	of agitation speech	becomes coherent and					
	resident will begin	cursing at staff. staff will					

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continue to attempt to ensure safety, provide

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155264	B. W	ING		06/20/	2024
				STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	<u>t</u>		2330 ST	TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTEI	₹	RICHM	OND, IN 47374		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ssistance as warranted.					
		d by in-house mental health					
	-	owed by in-house PCP [primary					
	care physician] prov	vider."					
	A behavior note, da	ted 6/6/24 at 9:01 a.m., for					
	· ·	by LPN (Licensed Practical					
		"Resident shoved this nurse					
	· ·	as staff was attempting to					
	keep he and a femal	le resident separated due to sex					
		s the resident doing prior to					
		navior/mood: Resident was in					
		I had been noticed rubbing a					
		tt as she stood next to him.					
		pted: separation of resident's					
		of the interventions:					
		effective" The note did not					
		ion to show all the identified					
		ress behaviors were					
	implemented, the fa	-					
		ress behaviors when the					
		ons were ineffective, or n was provided to prevent					
	further resident-to-r						
	Tarmer resident-to-r	esident abuse.					
	During an interview	with LPN 5, on 6/17/24 at 3:00					
		ne behavior in the above					
	progress note was th	he first behavior he witnessed					
	on 6/6/24 between I	Resident 56 and Resident 74.					
		ve behavior note, dated 6/6/24					
	· ·	by LPN 5 indicated, "Resident					
		the sunroom with his hand up					
		e female resident as earlier.					
		ng the breast of this resident at					
		ons attempted: Both resident's					
		l. Effectiveness of the vention was ineffective as					
	another out." The no	[sic] continue to seek one					
	anomer out. The ne	ore and not include					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER	ľ í	a. building <u>00</u>			COMPLETED	
		155264	B. WING 06/20/20		/2024			
				STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIEF	<			TRAIGHT LINE PIKE			
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTE	R	RICHM	OND, IN 47374			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR		COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE	
		how all the identified						
		lress behaviors were						
	implemented, the fa	-						
		lress behaviors when the						
		ions were ineffective, or						
		on was provided to prevent						
	further resident-to-r	resident abuse.						
	During an interview	w with LPN 5, on 6/17/24 at 3:00						
	-	ne just happened to walk in the						
	-	esident 56 with his hand up						
		There were quite a few other						
		room at the time, who were						
		ughly six residents total						
		56 and Resident 74, and no						
	staff.							
	mi .	1.1.1.1.1.(10)						
		we behavior note, dated 6/6/24						
		sident 56, written by LPN 5						
		t walked up to the same female						
		sic] her by the face them [sic]						
		os. Interventions attempted:						
	-	s [sic.] Effectiveness of the						
		ective." The note did not						
		tion to show all the identified						
		lress behaviors were						
	implemented, the fa	-						
		dress behaviors when the						
		ions were ineffective, or						
		on was provided to prevent						
	further resident-to-r	resident abuse.						
	During an interview	v with LPN 5, on 6/17/24 at 3:00						
	p.m., he indicated the	he kiss on the lips happened in						
	the hallway and he	just happened to see it. He						
	was coming down h	nallway with the medication						
	-	74 walked past him, and						
		out of the dining room. Resident						
		nt 74 on both sides of her face,						
	-	d her. It happened quickly,						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUIL	DING	00	COMPLETED	
		155264	B. WING	G		06/20/	2024
				STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER				RAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER			OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	l	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	,	TAG	DEFICIENCY)		DATE
	more like a peck on	the lips.					
	The next consequitiv	ra hahavian mata datad 6/6/24					
		ve behavior note, dated 6/6/24 sident 56, written by LPN 5,					
	_	noted sitting on the couch in					
		female resident on either side					
		e of them were touching and					
		ther. Interventions attempted:					
	_	e asked to stop and then					
		ness of the interventions:					
	Ineffective." The no						
		now all the identified					
		ress behaviors were					
	implemented, the fa						
	_	ress behaviors when the					
		ons were ineffective, or					
		n was provided to prevent					
	further resident-to-r						
	_	with LPN 5, on 6/17/24 at 3:00					
	_	nere was another female					
		0, sitting on one side of					
		esident 74 sitting on his other					
		the 6/6/24, 2:33 p.m. behavior					
	_	and rubbing he observed					
		were on the couch was outside					
	_	oing legs, and holding hands.					
		dents weren't touching each					
		vas in the middle, touching					
		ts, and both female residents					
		He stated, "[Name of Resident					
	Joj was a little too t	ousy for me that day."					
	The 6/6/24 2:36 5 5	m. progress note, written by					
	_	lent has been aggressive with					
		re attempting to redirect and					
	_	he same female resident whom					
	his [sic] is drawn to						
	mo [olo] io diawii to	•					
	There was no inform	nation in Resident 56's clinical					
		5 0 5 5 5 5 5 5 5 5 5 5 5 5 5					

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OM	IB NO. 0938-039	
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED		
		155264	B. W	ING	<u> </u>	06/20	/2024	
NAME OF 1	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD			
DDIOI0/	ADD 115 AL TUGADE				TRAIGHT LINE PIKE			
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENT	EK	RICHM	OND, IN 47374			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	NT.	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP	BE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	110/11L	DATE	
	record, including th	ne progress notes, to indicate						
	Resident 56's physi	cian was informed of his						
	behaviors reference	ed in the above 6/6/24, 9:01 a.m.						
	behavior note, 6/6/2	24, 9:40 a.m. behavior note,						
	6/6/24, 2:33 p.m. bo	ehavior note, or 6/6/24, 2:36 p.m.						
	progress note or tha	at his mental health provider						
	was made aware, as	s care planned.						
	An interview was c	onducted with LPN 5 on						
	6/17/24 at 3:00 p.m	. He indicated he did not inform						
	Resident 56's "family or doctor or anything." He just documented the behaviors to the best of his							
	ability.							
	An interview was c	onducted with the Medical						
	Director on 6/20/24	at 10:35 a.m. He indicated he						
	did not really like th	he physical set up of the						
	Alzheimer's Care U	Init, as it was hard to have eyes						
	on everyone, and th	ere was not a lot of space for						
	the residents to mov	ve about. A learning point for						
	the facility was that	when they see residents with						
	certain types of beh	aviors, they needed to have a						
	better plan to mana	ge them. They needed to						
		the relationship between						
		sident 74 could be a track to a						
	more intimate conn	ection, so they needed to have						
		lace to address it, without						
		. They needed to be able to						
		6's issues earlier to get him the						
	_	ner. Their psychiatric provider						
		was good and could probably						
	_	. He was not aware Resident 56						
	was having physica	l closeness with other						
	residents, other than	n sitting next to each other. He						
	was not made awar	e of Resident 56 and Resident						
	74 lying in bed toge	ether or him trying to be alone						
		r. The breakdown was the						
	nursing staff not bri	inging these things forward to						

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work on.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		155264	B. WI	NG		06/20/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	t e e e e e e e e e e e e e e e e e e e			FRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	2		OND, IN 47374		
	THE TIE THE THE	- GOLDEN NOLE OF THE OLIVIER	`	Taloriivi			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	vation, on 6/17/24 at 1:51 p.m.,					
		ting on a couch in the					
		57 was observed to enter the					
		valker and walk toward					
		vere no other residents or staff					
		is time. Resident 11 was					
	_	ask Resident 57 why Resident					
	•	Lesident 11. Resident 57					
	stopped walking to						
	* *	et in front of her and swung her					
		lent 11 yelled at Resident 57 for					
	_	57 then turned around and					
		anroom. Resident 57 began					
		esident 57 was and that					
		oother or talk to Resident 57.					
	interaction between	present to address the					
	interaction between	these 2 residents.					
	On 6/17/24 at 1:57	p.m., CNA (Certified Nursing					
		bserved in the dining room of					
	· ·	hall from the sunroom. There					
		nt in the sunroom at this time.					
	_	was heard coming from the					
		25 went into the sunroom to					
	address it.	s went into the sumoon to					
	An interview was co	onducted with CNA 25 on					
		. She indicated when she went					
	-	esident 11 informed her that					
	,	sching for her walker. She					
		esident 11] does yell at people					
	a lot."						
	An observation and	interview were conducted					
	with CNA 25 on 6/2	17/24 at 2:00 p.m. in the hallway					
	near the nurse's stat	ion. Resident 57 was standing					
		Resident 51. CNA 25 indicated					
	-	acked Resident 51 on the					
	shoulder. Resident	57 was redirected down the					
	hallway by staff.						
			1				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	· /	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/20/	ETED
	PROVIDER OR SUPPLIEF	C - GOLDEN RULE CARE CENTE	R	2330 ST	DDRESS, CITY, STATE, ZIP COD FRAIGHT LINE PIKE OND, IN 47374		
(X4) ID PREFIX	SUMMARY	STATEMENT OF DEFICIENCIE		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	T-	(X5) COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	An interview was ce 6/17/24 at 2:02 p.m the facility since M attitude and anger I physically saw her Resident 51 in the I As far as the unit's concerned, she thou the residents efficie guard, and her head directions." Usually CNAs and one nurs the day. There were run that way, due to only two CNAs wo needed to do "active finished passing me monitoring the resinurses would do that so it just depended ACD (Alzheimer's normally" on the flusually in her office or running around to Cn 6/17/24 at 2:21 coming from the dithe dining room, it just hit Resident 14 dining room for a but An interview was ce 6/17/24 at 2:22 p.m punched Resident 1 Resident 14's whee when she looked ar	onducted with CNA 25 on a. She indicated she'd worked at arch 2023. Resident 57's and increased lately, but never thit anyone prior to her hitting nallway on 6/17/24 at 2:00 p.m. physical set-up was aght she was able to monitor antly, as she was always on a was going "in a million at a mill					
	57 was "getting rea	dent 57 punch him. Resident dy to do it again," but she was time. She indicated she					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155264	B. W	ING		06/20/	/2024
			•	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	₹		2330 S1	FRAIGHT LINE PIKE		
BRICKY	ARD HEALTHCARE	E - GOLDEN RULE CARE CENTE	R	RICHM	OND, IN 47374		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		eded to "be more open back					
		are to chase everyone around."					
		are out and about the unit,					
	_	nd forth" between the					
		g room, the back dining room,					
	monitor with the se	yay. It was more difficult to					
	monitor with the se	t up.					
	The clinical record	for Resident 11 was reviewed					
	on 6/18/24 at 11:00	a.m. The diagnoses included,					
	but were not limited	d to, vascular dementia and					
	anxiety.						
		erly MDS assessment indicated					
	she was severely co	ognitively impaired.					
	The 8/23/23 hehavi	or care plan indicated she had					
		onfrontational and yelling at					
		as for her aggression to not					
	_	elf or others. Interventions					
		lot of people to approach her					
		episodes of behaviors, to					
	_	by approaching slowly and					
	*	calm and steady voice, trying					
		alternative activity or topic of					
		age activity and/or exercise					
	that would allow he	er to release some energy;					
	encourage her to ge	et involved in activities related					
	to her interests; ren	nove any residents in the					
	immediate area that	t may be in danger if she did					
	become aggressive	; if she and those around her					
	were safe, to not bo	other her until she calmed					
	_	r physician orders and observe					
	_	fects; refer her to mental health					
	services as needed;	-					
		ironment with decreased					
	-	assess her needs such as					
		nirst, and/or pain; and for staff					
	. –	l in a non-defensive nature					
	while being firm bu	ıt not loud.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	
		155264	B. WI	NG		06/20	/2024
NAME OF D	DOWNED OF CUIDDLIER			STREET A	ADDRESS, CITY, STATE, ZIP COD	•	
	ROVIDER OR SUPPLIER			2330 S	TRAIGHT LINE PIKE		
BRICKYA	ARD HEALTHCARE	- GOLDEN RULE CARE CENTER	₹	RICHM	OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	5 The eliminal man	and fan Daaidant 57 was					
		ord for Resident 57 was 4 at 1:35 p.m. Her diagnosis					
		not limited to, Alzheimer's					
	disease.	not minted to, Alzhenner s					
	disease.						
	The 3/12/24 Quarte	rly MDS assessment indicated					
	· ·	ered, easily annoyed for 12-14					
	•	lay over the last 2 weeks.					
		ord for Resident 67 was					
		4 at 1:30 p.m. Her diagnosis					
		not limited to, Alzheimer's					
	disease.						
	The 10/28/22 behav	vior care plan, last revised					
		he had little, or no awareness					
		ries related to other's personal					
	-	her resident's rooms,					
	wandering about my	y living space. The goal was					
	for her to continue t	to wander freely as she desired					
	within the safety pa	rameters of a secured,					
	specialized unit. An	intervention for when she					
		r people's rooms was to gently					
		e suggestion of visiting at					
	another time; offer	her another place to visit.					
	During an observati	ion, on 6/17/24 at 2:26 p.m.,					
	-	served wandering around in					
		oom, while the other resident					
		cliner. There were no staff					
	-	his, so CNA 25 was informed					
	of Resident 67's pre						
	During an interview	with LPN 5, on 6/17/24 at 3:00					
		he layout of the unit was					
	_	nge for me," the way the					
		cated and the layout of the					
		"hard to keep track of the					
		verything that's going on "					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO		(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		155264	B. WING		06/20/	2024
	PROVIDER OR SUPPLIEF	RE - GOLDEN RULE CARE CENTE	2330 S	ADDRESS, CITY, STATE, ZIP COD TRAIGHT LINE PIKE OND, IN 47374		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDENCE DI ANI OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	VIE	DATE
	provided by the DC indicated, "The resi resident's family, ar comprehensive asset the interdisciplinary indicated. The care revised as needed, so not effective or who change in condition. The Dementia Care DON on 6/19/24 at policy of this facilit treatment and servid displays signs of, or to meet his or her homental, and psychofacility will assess, plans through an in approach that inclusand/or resident reprossible6. If nee modified to accommeds. 7. The care will be monitored of effectiveness, and we necessary. 8. Approximately approach to the provided of the composition	essment process along with y team and outside sources, as plan shall:Be reviewed and such as when interventions are en the resident experiences a				

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