STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48147 Based on interview and record review, the facility failed to ensure the MDS (Minimum Data Set) assessment was completed accurately for 1 of 1 resident reviewed for dialysis. (Resident 50) Finding includes: On 1/17/24 at 2:18 P.M., Resident 50's clinical record was reviewed. Diagnoses included, but were not limited to, muscle wasting and atrophy, legal blindness, type 2 diabetes mellitus, end stage renal disease, and long term (current) use of insulin. The most recent quarterly MDS (Minimum Data Set) Assessment, dated 12/12/23, indicated Resident 50 had moderate cognitive impairment, received an insulin injection for 7 out of 7 days during the look back period (12/6/23 - 12/12/23), did not receive any hypoglycemic medication, had a weight loss of 5% or more in the past month or 10% or more in the past 6 months, and had a weight gain of 5% or more in the last month or 10% or more in the last 6 months. Current physician orders included, but were not limited to: Insulin Lispro (a fast-acting hypoglycemic medication) Subcutaneous Solution Pen-injector 100 unit/ml (units per milliliters) - Inject as per sliding scale: if 150 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units if blood sugar > 400 mg/dl (milligrams per deciliter) give 10 units and notify MD/NP (medical doctor / nurse practitioner), subcutaneously before meals related to type 2 diabetes mellitus, dated 9/8/23 Monthly weights and vitals - every day shift every 1 month starting on the 1st for 5 day(s), dated 10/1/2023 Discontinued physician orders included, but were not limited to: Insulin Glargine Solostar (a long-acting hypoglycemic medication) 100 unit/ml - inject 30 units subcutaneously at bedtime related to type 2 diabetes mellitus, discontinued 12/16/23 The Medication Administration Record (MAR) for December 2023 indicated Resident 50 received Insulin Lispro on 12/6, 12/7, 12/8, 12/9, 12/11, and 12/12 and Insulin Glargine on 12/6, 12/7, 12/8, 12/9, 12/10, 12/11, and 12/12. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 50's weights for the past 6 months included, but were not limited to: 12/6/2023 - 171 lbs (pounds) 11/1/2023 - 177 lbs 6/12/2023 - 193 lbs The clinical record lacked documentation of a weight gain. A nutritional assessment, dated 12/1/23, indicated the resident had a weight loss greater than 7.5% in 90 days and was monitored for significant weight loss by the Registered Dietician. On 1/22/24 at 8:26 A.M., MDS Coordinator 5 indicated insulin should be coded as a hypoglycemic on the 12/12/23 MDS assessment. At that time, she indicated the resident did not have any weight gain and only weight loss should be indicated on the 12/12/23 MDS assessment. On 1/23/24 at 9:16 A.M., the Administrator provided a current Conducting an Accurate Resident Assessment policy, dated 2023, that indicated appropriate, qualified health professional(s) correctly document the resident's medical, functional, and psychosocial problems .using the appropriate Resident Assessment Instrument.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147 Based on record review and interview, the facility failed to ensure CNAs (Certified Nursing Aide) had a current and valid certificate to work in the facility for 1 CNA whose certificate had expired at the time of hire. (CNA 7) Finding includes: On [DATE] at 12:10 P.M., the employee records were reviewed. CNA 7 started employment at the facility on [DATE]. The facility's employee license binder lacked a record of CNA certification for CNA 7. On [DATE] at 12:54 P.M., an Indiana Professional Licensing Agency search indicated CNA 7's CNA certificate expired [DATE]. On [DATE] at 2:38 P.M., the Administrator provided a valid CNA certificate for CNA 7 with a renewal date of [DATE]. On [DATE] at 11:12 A.M., the Administrator indicated she was aware CNA 7 had been hired with an expired license, but assumed it had been taken care of and was unaware it hadn't been renewed until it was brought to her attention on [DATE]. On [DATE] at 9:16 A.M., the Administrator provided a current License Verification policy, dated 2023, that indicated any licensed/certified employee is responsible for submitting verification of licensure/certification renewal to Human Resources prior to expiration. 3XXX,d+[DATE](e)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 48057 Based on observation, record review, and interview, the facility failed to post the actual hours worked of licensed and unlicensed nursing staff directly responsible for resident care per shift daily for 7 of 7 days reviewed. Finding includes: During an observation, on 1/16/24 at 2:35 P.M., the staff numbers posted on the hallway at the main entrance of the facility reflected the census was 86 residents. The form did not provide actual hours worked by nursing staff. On 1/22/24 at 1:00 P.M., staff posting sheets were provided by the Administrator for the following dates: 1/16/24 1/17/24 1/18/14 1/19/24 1/20/24 1/21/24 1/22/24 Each staff posting sheet included the date, census, and total hours each discipline was in the building. Disciplines included RN (Registered Nurse), LPN (Licensed Practical Nurse), and CNA (Certified Nursing Aide). The actual hours worked by each shift were not included on the sheets. During an interview on 1/22/24 at 2:35 P.M., the Administrator indicated she didn't realize the hours weren't listed on the posted nursing staffing sheet. On 1/12/24 at 9:11 A.M., a Nurse Staffing Posting Information policy, dated 2023, was provided by the Administrator and indicated The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses . Licensed Practical Nurses .Certified Nursing Aides.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 46758 Based on interview and record review, the facility failed to ensure proper interventions were in place for monitoring symptoms, side effects, and behaviors of medications used for dementia for 1 of 3 residents reviewed for dementia care. (Resident 80) Finding includes: On 1/17/24 at 2:38 P.M., Resident 80's clinical record was reviewed. Diagnosis included, but was not limited to, Alzheimer's Disease with late onset and unspecified dementia. The current quarterly MDS (Minimum Data Set) assessment, dated 12/24/23, indicated the resident was cognitively intact and needed limited assistance with mobility, transfers, and eating. The MDS assessment also indicated the resident received an antipsychotic medication during the 7 day lookback period. Current physician orders included but were not limited to: Rexulti (an antipsychotic medication) - 1 mg (milligram) in the evening for dementia with behaviors, dated 11/6/23. The clinical record lacked an order, care plan, and documentation for monitoring antipsychotic side effects and behaviors. The current MAR (Medication Administration Record) lacked monitoring for side effects and behaviors for antipsychotic drugs. During an interview on 1/22/24 at 10:02 A.M., LPN (Licensed Practical Nurse) 12 indicated residents who received antipsychotics were to have an order for monitoring side effects and behaviors. On 1/22/24 at 2:45 P.M., the Administrator provided a current Behavioral Health Services policy that indicated . the facility utilizes the comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status .the staff will . accurately document the changes . in the resident's record . 3.1-48(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46758 Based on observation, record review, and interview, the facility failed to provide proper storage of medications and personal property in 3 of 5 medication carts reviewed. Loose pills, unlabeled medications, and resident's personal property were found in medication drawers and the narcotic box of medication carts. (200 Hall, 500 Hall, Alzheimer Unit) Findings include: 1. On 1/18/24 at 8:38 A.M., the upper drawer of the tan cart on the 200 hall was observed to have the following unlabeled medications: 1 box of antihistamine lacked a name and label. 1 box of antihistamine with [patient name] lacked a label. 1 bottle of acetaminophen with [patient name] lacked a label. 2. On 1/18/24 at 8:59 A.M., the medication cart on the 500 Hall was observed to have the following medications loose in 2 drawers of the cart: 1 bottle of Flonase with [patient name] 1 bottle of Calcitonin with [patient name] 1 large pill with KCL M20 1/2 large oblong pill 1/2 white circle pill 2 1/2 medium white circle pill with no numbers 1 oblong yellow pill with no numbers 1 small round peach pill with number S 1P 1 small round yellow pill with R 158 1/2 small round blue pill with no numbers 2 1/2 small round white pills with no numbers 1 small oblong pink pill (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 white capsule 3. On 1/18/24 at 9:27 A.M., the medication cart of the Alzheimer Unit was observed to have the following items in the upper drawer and narcotic box: 1 hearing aid, not labeled 1 gold watch, not labeled 4 gold rings, not labeled 1 bag containing important papers, not labeled During an interview on 1/18/24 at 8:44 A.M., RN (Registered Nurse) 2 indicated the medications should be properly labeled with the resident's name, dose, frequency, route, and physician name. During an interview on 1/18/24 at 9:00 A.M., QMA (Qualified Medication Aide) indicated there should be no loose pills. At that time, she indicated a cart auditor cleaned the carts frequently and the loose pills should have been removed then. She also indicated she cleaned the cart as she was able. During an interview on 1/18/24 at 9:27 A.M., RN 6 indicated the evening nurse could have found the hearing aid when a resident passed over the weekend and placed it in the upper drawer for safe keeping. RN 6 also noted that the medication cart was the most accessible lock box. The unit manager had a lock box in her office, but she was not at the facility on the weekends in case the resident or family needed to access it. During an interview on 1/23/24 at 8:56 A.M., LPN (Licensed Practical Nurse) 4 indicated there should be nothing but narcotics in the locked box. The residents' bedside tables were equipped with locks so they could place items in there for safe keeping. On 1/23/23 at 9:16 A.M., the Administrator provided a current Labeling of Medications and Biologicals policy that indicated all medications .used in the facility will be labeled in accordance with current state and federal considerations .must include resident name . Labels for over the counter medications must be labeled with the following: the original manufacturer's or pharmacy-applied label indicating the medication name; the strength, quantity, lot and control number; the expiration date when applicable; appropriate accessory and precautionary statements; and directions for use. 3.1-25(j)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 46819 Based on observation, interview, and record review, the facility failed to ensure food was served at a palatable temperature for 1 of 1 tray tested for food temperature. Finding includes: On 1/16/24 at 11:30 A.M., Resident 79 indicated the food was not hot enough. On 1/16/24 at 11:38 A.M., Resident 1 indicated the food was cold. She lived in the last room served on her hall. On 1/18/24 at 12:03 P.M., 2 Certified Nursing Aides (CNA) were observed delivering meal trays on the 500 hallway. All but 4 trays were in a large, insulated cart. The other 4 trays were on a small pushcart, not insulated. At that time, CNA 11 indicated the larger insulated cart was too small to hold all the trays for the hall. On 1/18/24 at 12:15 P.M., a test tray was obtained from the 500 hallway. Food temperatures for that meal were as follows: Goulash - 120 degrees F (Fahrenheit) Cauliflower - 105 degrees F Milk - 43 degrees F A food serving temperature policy was requested and not provided. 3.1-21(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46819 Based on observation, interview, and record review, the facility failed to store foods in accordance with professional standards and maintain the dishwasher with the proper equipment for 1 of 1 kitchens reviewed. Findings include: 1. On [DATE] at 10:20 A.M., a tour of the kitchen began. Two staff were present, a cook and the dishwasher. On [DATE] at 10:35 A.M., food packages were observed in the walk-in refrigerator labeled with a date in black marker. None of the marked dates differentiated between open date and use-by date. Outdated/expired food included: 1 angel food cake, cut, opened, in plastic wrap dated [DATE] 1 angel food cake, in plastic wrap, not cut, no date 1 gallon pickles, opened, manufacturer's use-by date was [DATE] 1 5-lb (pound) container cottage cheese, opened, manufacturer's expiration date was [DATE] 1 5-lb container sour cream, opened, manufacturer's expiration date was [DATE] 2 large trays of ground beef thawing on the bottom shelf, not dated, in plastic bags open to air 1 16-ounce container of chicken base, opened not dated. 1 bag salad mix, opened, not dated, brown and slimy 1 bag salad mix, opened, dated [DATE], brown On [DATE] at 10:17 A.M., the following outdated/expired food was observed in the walk-in refrigerator: 1 bag salad mix, opened, dated [DATE], brown On [DATE] at 08:46 A.M., spice containers were observed to have dates written on them with a black marker. The dates failed to indicate whether that was an open date or use by date. The spices had no manufacturer expiration dates. The following spices were observed: onion powder, no date (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155248	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Brentwood Care Center	30 E Chandler Ave Evansville, IN 47713

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	poultry seasoning, delivered [DATE]. At that time, the kitchen supervisor gave the container to staff to throw away. At that time, the kitchen manager indicated they used pre-printed labels and also wrote on the packages in the walk-in refrigerator and freezer with a marker because the stickers came off. A sticker included a place to note the prepared and use-by dates. These labels were not observed in the walk-in refrigerator during the initial tour of the kitchen. 2. On [DATE] at 9:55 A.M., the kitchen supervisor was observed testing the chemical sanitization of the dishwasher. She obtained a test strip from a bottle and put it in the rinse water. The manufacturer label on the test strips indicated they expired [DATE]. On [DATE] at 08:33 A.M., the kitchen supervisor indicated different test strips were used to check the sanitization buckets used for cleaning the food preparation surfaces than they use for the dishwasher. She removed a test strip from a bottle and demonstrated testing the sanitization buckets. The manufacturer's expiration date on the test strips indicated they expired on [DATE]. On [DATE] at 9:16 A.M., the Administrator provided a current Food Safety policy, dated 2023, which indicated that food facility staff shall inspect all food, food products, and beverages for .timely and proper storage .labeling, dating, and monitoring refrigerated food .so it is used by its use-by date or frozen/discarded. 3XXX,d+[DATE](i)(2) 3XXX,d+[DATE](i)(3)