STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155278	A. Building B. Wing	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brickyard Healthcare - Bloomington Care Center	155 E Burks Dr Bloomington, IN 47401

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. (continued on next page)

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to protect the resident's right to be free from physical restraints for 1 of 4 residents reviewed for restraints. A restraint was applied by unlicensed personnel, there was no physician's order, consent, or documentation for release of the restraint. (Resident B, CNA 3)Finding includes:On 7/14/25 at 12:00 p.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia affecting right dominant side (paralysis or severe weakness on the right side of the body), dementia, and aphasia (a language disorder that affects the ability to communicate).A progress note, dated 6/26/25 at 5:59 p.m., indicated an incident was reported by CNA 1 that when she came on shift, Resident B was noted to have a sock tied around his left hand. The CNA reported the observation to a licensed nurse. A head-to-toe assessment was completed by the licensed nurse, the resident was noted to have swelling of his left hand and red linear indentation (indentation that is long and narrow) on his left wrist. A Care Plan, dated 5/27/25, indicated the resident had a behavior problem of putting hands in his pants and smearing bowel movements. The care plan lacked interventions for use of a glove or sock to prevent behavior.The physician orders lacked documentation of an order for restraint use.The clinical record lacked consent for the use of physical restraints.The clinical record lacked documentation of release of the physical restraint.During an interview on 7/14/15 at 2:45 p.m., CNA 1 indicated during report on 6/26/25 around 3:00 a.m., CNA 2 indicated Resident B kept soiling himself and he had a sock on his left hand. At 4:50 a.m., CNA 1 went to check on Resident B, and he had a sock on his left hand and wrist. When she removed the sock from the left hand, he had a waistband from a pair of boxers wrapped around his palm and wrist. His left hand was severely swollen, had red and purple areas, and indentations where the waistband was. He was unable to use his left hand and had a contracture (permanent tightening of muscles and tendons) of his right hand.During an interview with CNA 3, on 7/14/25 at 3:30 p.m., the CNA indicated he worked the evening of 6/25/25. CNA 3 indicated at 7:00 p.m., he entered Resident B's room and there was feces on the wall, the floor, the resident's left hand, the resident's face and hair, CNA 3 indicated the resident was unable to use his right hand due to a weakness. CNA 3 indicated he cleaned the resident and the surroundings. CNA 3 indicated he then went to check on other residents. CNA 3 indicated when he came back to Resident B's room, he found there was feces on the resident's left hand and face. CNA 3 indicated he cleaned the resident up again. CNA 3 indicated he continued to help other residents with care, after an unknown amount of time he went back to check on Resident B and found the resident to have feces again on his left hand and face. CNA 3 indicated he asked a nurse for a glove to place on the resident's left hand to keep him from getting his feces near his face and he was told there was no glove available to use at that time. CNA 3 indicated at that time he placed a sock on the resident's left hand because he did not want the resident to continue to play with his poop or eat his poop, and it had taken him 45 minutes to clean the resident up the first time. CNA 3 indicated the resident kept pulling the sock off with his mouth, so he took an elastic band from a pair of underwear and placed it around the sock. CNA 3 indicated the sock covered the left hand and went up to the left wrist. CNA 3 indicated CNA 2 relieved him at 10:00 p.m., CNA 3 indicated he forgot to tell CNA 2 that he had placed the sock on Resident B's hand.On 7/15/25 at 2:07 p.m., the Director of Nursing (DON) provided the facility policy, Restraint Free Environment, undated and indicated it was the policy currently being used by the facility. A review of the policy indicated, .1. The resident has the right to be treated with respect and dignity, including the right to be free from any physical or chemical restraint imposed for the purpose of discipline or staff convenience, and not required to treat the resident's medical symptoms . This citation relates to Complaint 1495326.3.1-3(w)