

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

PRINTED: 02/12/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/22/2024
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00426769 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00426769 was substantiated.</p> <p>Federal deficiencies related to the allegations were cited at K354 and K511</p> <p>Survey Date: 01/22/24</p> <p>Facility Number: 000253 Provider Number: 155362 AIM Number: 100266660</p> <p>At this complaint survey, Brickyard Healthcare - Merrillville Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are provided with battery powered smoked detectors. The facility is partially protected by a 85 kW Natural Gas generator. The facility has the capacity for 164 and had a census of 130 at the time of this survey.</p> <p>Quality Review completed on 01/26/24</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jacqueline Carpenter-Heard	Executive Director	02/08/2024

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

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K 0354 SS=F Bldg. 01	<p><b>NFPA 101</b> Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to follow 1 of 1 fire watch policies in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.6 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly. This deficient practice could affect all occupants in the</p>	K 0354	<p>p="" paraid="531612229" paraeid="{c2369c9f-afc0-412b-96ce-d3dcf6babf1a}{249}"&gt; K 354</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;¿¿</p> <p>All employees were re-educated on the Fire Watch policy</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;¿</p> <p>No residents were identified as</p>	02/23/2024
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	<p>facility.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and the Maintenance Director on 01/22/24 between 12:15 p.m. and 1:50 p.m., the facility fire watch plan indicated that "personnel conducting a required fire watch will be dedicated to this activity and will be assigned no other duties during the fire watch." The facility was under fire watch at the time of the survey due to a sprinkler pipe breakage located in the dietary area and has been out of service since January 16th 2024. Upon interview with the Maintenance Director, when asked about personnel conducting fire watch, he stated that the nurses in each wing are responsible for conducting fire watch in their respective locations. Upon further questioning, he continued to state that staff conducting the fire watch are also able to conduct other assignments with patient's. Later during an interview with the Administrator, she confirmed that the nursing staff also have a responsibility for having their normal patient care activities while doing fire watch rounds. When interviewing nursing staff at one nurses station, they had confirmed that they are conducting fire watch for that area.</p> <p>3.1-19(b)</p> <p>This Federal tag relates to complaint number IN00426769</p>		<p>being affected by the deficient practice, but could affect the staff who required more specific training to ensure the dedicated staff were not performing other duties during the Fire Watch</p> <p>¿</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;¿</p> <p>¿</p> <p>All sprinklers were assessed, and no others were deficient, the area has been repaired and all employees were re-educated the Fire Watch policy.</p> <p>¿</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and¿</p> <p>The Maintenance Director/designee will audit the Sprinkler system and sprinklers with1 full audit and the issue will be tracked in TELS quarterly thereafter in perpetuity, also Fire Watch education will continue quarterly. This will be reported as a life safety issue and results of TELS audits no less than quarterly in QAPI, any trends will be</p>		

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K 0511 SS=E Bldg. 01	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation, the facility failed to ensure 5 of 5 light fixtures in the kitchen were protected. NFPA 70, 2011 Edition. Article 406.5 (F) Exposed Terminals, Receptacles shall be enclosed so that live wiring terminals are not exposed to contact. This deficient practice could affect approximately 5 staff and an unknown number of residents.</p> <p>Findings include:</p>	K 0511	<p>identified, any trends will be identified until 95 % compliance is reached.</p> <p>¿</p> <p>By what date the systemic changes for each deficiency will be completed.¿ After submitting an acceptable Plan of Correction, the deficiency will be corrected by the specified date below.</p> <p>The date of correction is 02/23/2024</p> <p>ul="" role="list"</p> <p>p class="Paragraph SCXW27791969 BCX8" xml:lang="EN-US" paraid="2133475366" paraeid="{032168af-9a72-43de-8959-555c7a8ff53c}{103}" &gt;</p> <p>K511</p>	02/23/2024

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	<p>Based on observation during a tour of the facility with the Maintenance Director and Administrator on 1/22/24 between 1:50 p.m. and 2:15 p.m., multiple light fixtures in the kitchen area were in use, however none of them were secured and all were dangling from the ceiling due to not having mounts which left exposed wiring for each fixture. The dietary area had been affected by water damage due to a recent sprinkler pipe breaking in the area.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00426769</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;¿¿</p> <p>fixtures in the kitchen were not protected by being enclosed and the Contracted Company will complete¿¿</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;¿</p> <p>All dietary staff and all residents have a potential to be affected</p> <p>¿</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;¿</p> <p>¿</p> <p>All lights in the area will be secured. The 5 were identified and an outside Company are making repairs, all light bulbs will be changed and secured when the area is repaired</p> <p>¿</p>	

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			<p>ul class="BulletListStyle1 SCXW27791969 BCX8" role="list" style="margin: 0px; padding: 0px; user-select: text; -webkit-user-drag: none; -webkit-tap-highlight-color: transparent; overflow: visible; cursor: text; font-family: verdana;"</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>¿</p> <p>By what date the systemic changes for each deficiency will be completed.¿ After submitting an acceptable Plan of Correction, the deficiency will be corrected by the specified date below.</p> <p>The date of correction is 02/23/2024</p>	