STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSIDE HAVEN HEALTH CARE CENTER	505 N GAVIN ST MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/21/15 Facility Number: 000311 Provider Number: 15E064 AIM Number: 100285520 At this Life Safety Code survey, Brookside Haven was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 42 and had a census of 42 at the time of this survey.	K 0000	K-000This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal regulations and citations listed on this statement of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegation of compliance.Brookside Haven respectfully request paper compliance on the attached Plan of Correction.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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	All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.			
K 0056 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 1 of 14 rooms on the west hall was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 26 residents on west hall as well as visitors or staff. Findings include:	K 0056	K- 056 1.) Facility immediately contacted Superior Systems, which monitors our sprinkler system, of the sprinkler head, which was butted up against a bulkhead. Maintenance Supervisor immediately completed a facility round to ensure no other sprinkler	08/04/2015

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	Based on observation on 07/21/15 at 1:20 p.m. with the Maintenance Supervisor, the Beauty shop on the west hall had a sprinkler head butted up against a bulkhead which blocked the sprinkler head from providing protection for an eight foot by three area on the north side of the bulkhead. Based on interview on 07/21/15 concurrent with the observation it was acknowledge by the Maintenance Supervisor, the space north of the ceiling bulkhead was not provided with sprinkler coverage. 3.1-19(b) 3.1-19(ff)		head was blocked in any way. Superior System came to facility on 7/31/15 and repositioned the sprinkler head to ensure sprinkler coverage. 2.) Any resident has the potential to be affected. 3.) Maintenance Supervisor will continue to monitor sprinkler heads on his daily preventative maintenance log to ensure on-going compliance. 4.) Maintenance supervisor shall report to the Quality Assurance Committee and shall follow any recommendations as deemed necessary. 5.) Date Completed: 08/04/2015	
K 0147 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 extension	K 0147	K- 147	08/04/2015

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	cords with multiplug observed including non-fused extension cords and/or multiplug adapters was not used to power a blowdryer and other beauty accessories instead of connecting directly into a wall outlet. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 26 residents on west hall as well as visitors and staff. Findings include: Based on observation on 07/21/15 at 1:35 p.m. a an extension cord with a four prong multiplug at the end was used to provide power to a blowdryer and electric clippers instead of a direct connection into a wall outlet. Based on interview on 07/21/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, the aforementioned beauty items should have been connected into a wall outlet. 3.1-19(b)		1.) HFA and maintenance supervisor immediately re-educated the contracted beautician on the National Electrical Code. The contracted beautician immediately moved to an area where there were adequate outlets to ensure that all electrical appliances are directly plugged into a wall outlet. 2.) Any resident has the potential to be affected. 3.) HFA, Maintenance supervisor or Designee will monitor the contracted beautician upon all visits to ensure continuous compliance with the National Electrical Code. 4.) Maintenance supervisor shall report to the Quality Assurance Committee and shall follow any recommendations as deemed necessary. 5.) Date Completed: 08/04/2015	

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