

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155206	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2016
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NAME OF PROVIDER OR SUPPLIER  BROWNSBURG HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 HORNADAY RD BROWNSBURG, IN 46112
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(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	<p>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).</p> <p>Survey Date: 07/25/16</p> <p>Facility Number: 000113 Provider Number: 155206 AIM Number: 100287670</p> <p>At this Life Safety Code survey, Brownsburg Health Care Center 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.</p> <p>This one story facility was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has</p>	K 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Brownsburg Health Care Center that the allegations contained in the survey report are accurate or reflect the provision of nursing care and services to the residents of Brownsburg HealthCare Center. This provider respectfully requests that this plan of correction be considered the letter of credible allegation of compliance and requests a desk review in lieu of a post survey revisit on or after August 24, 2016.	

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

TITLE

(X6) DATE

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.

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K 0147 SS=E Bldg. 01	<p>a capacity of 160 and had a census of 92 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached storage buildings which were not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 4 of 4 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.6 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 1999 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill,</p>	K 0147	<p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Electrical wall outlets were added to room 406 in order to remove all power strips/extension cords from use. This enabled the resident's refrigerator and telephone charger to be plugged into a wall outlet. Electrical wall outlets were added to room 503 in order to remove all power strips/extension cords from use. This enabled the resident's Hill-Rom Wound Surface air mattress, two fans and telephone charger to be plugged into a wall outlet. Electrical wall outlets were added to room 706 in order to remove all power strips/extension cords from use. This enabled the resident's television to be plugged into a wall outlet. Staff in each department within the facility have been educated not to use power strips/extension cords at any time within the residents' room. The</p>	08/03/2016

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	<p>or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 7-5.2.2.1 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect 62 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:30 a.m. to 1:00 p.m. on 07/25/16, the following was noted:</p> <p>a. a refrigerator was plugged into a power strip on the floor two feet from the foot of the resident bed nearest the window in Room 406. In addition, a telephone charger was plugged into a power strip on the floor at the head of the aforementioned resident bed.</p> <p>b. a Hill-Rom Wound Surface air mattress, two fans and a telephone charger were plugged into a power strip underneath the resident bed nearest the window in Room 503.</p> <p>c. a television was plugged into a power strip on the floor underneath the resident bed nearest the window in Room 706.</p> <p>Based on interview at the time of the</p>		<p>Maintenance Director also performed a complete facility audit in order to remove all power strips/extension cords from the residents' rooms and installed additional electrical wall outlets as needed.</p>	

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	<p>observations, the Maintenance Director acknowledged a power strip was being used as a substitute for fixed wiring in the patient care vicinity in Room 406, Room 503 and Room 706.</p> <p>3.1-19(b)</p>			