STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155362			ONSTRUCTION	(X3) DATE SURVEY COMPLETED 09/13/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER			RGINIA PLACE		
		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI	E RIATE	(X5) COMPLETION
REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
conducted by the Ir accordance with 42 Survey Date: 09/1: Facility Number: 0 Provider Number: AIM Number: 100 At this Emergency Brickyard Healthca found in compliance Preparedness Required Medicaid Participate CFR 483.73 The facility has 164	adiana Department of Health in CFR 483.73. 3/22 000253 155362 266660 Preparedness survey, are - Merrillville Care Center was be with Emergency irements for Medicare and ting Providers and Suppliers, 42 4 certified beds. At the time of	E 0000			
Quality Review con	mpleted on 09/14/22				
Licensure Survey v Department of Hea 483.90(a). Survey Date: 09/12 Facility Number: (Provider Number: AIM Number: 100	vas conducted by the Indiana lth in accordance with 42 CFR 3/22 000253 155362 266660	K 0000			
	PROVIDER OR SUPPLIED ARD HEALTHCARE SUMMARY (EACH DEFICIENT REGULATORY OF CONDUCTED BY CONDUCTE	PROVIDER OR SUPPLIER ARD HEALTHCARE - MERRILLVILLE CARE CENTIL SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 000253 Provider Number: 155362 AIM Number: 100266660 At this Emergency Preparedness survey, Brickyard Healthcare - Merrillville Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 164 certified beds. At the time of the survey, the census was 129. Quality Review completed on 09/14/22 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR	PROVIDER OR SUPPLIER ARD HEALTHCARE - MERRILLVILLE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 000253 Provider Number: 155362 AIM Number: 100266660 At this Emergency Preparedness survey, Brickyard Healthcare - Merrillville Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 164 certified beds. At the time of the survey, the census was 129. Quality Review completed on 09/14/22 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/13/22 Facility Number: 000253 Provider Number: 155362 AIM Number: 155362 AIM Number: 100266660	OF CORRECTION IDENTIFICATION NUMBER 155362 B. WING B. WING B. WING STREET ADDRESS, CITY, STATE, ZIP COD 8800 VIRGINIA PLACE MERRILLVILLE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION FREFIX TAG PROVIDERS PLAN OF CORRECTION CROSS-GIFF SUPPLIES CR	PROVIDER OR SUPPLIER ROYUDER OR SUPPLIER ROYUDER OR SUPPLIER ROYUDER OR SUPPLIER ROYUDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCE (REACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 103266660 At this Emergency Preparedness survey, Brickyard Healthcare - Merrillville Care Center was found in compliance with Emergency Preparedness Act the time of the survey, the census was 129. Quality Review completed on 09/14/22 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/13/22 Facility Number: 153562 Al Minumber: 100266660

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

(X6) DATE

TITLE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MU	JLTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	01	COMPLETED		
		155362			09/13/	2022		
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD			
			_		RGINIA PLACE			
BRICKYA	ARD HEALTHCARE	E - MERRILLVILLE CARE CENTER	₹	MERRIL	LLVILLE, IN 46410			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	'L	DATE	
	Healthcare - Merrill	lville Care Center was found						
	not in compliance w	vith Requirements for						
	Participation in Med	dicare/Medicaid, 42 CFR						
	Subpart 483.90(a), 1	Life Safety from Fire and the						
	2012 edition of the	National Fire Protection						
	Association (NFPA) 101, Life Safety Code (LSC),						
		g Health Care Occupancies and						
	410 IAC 16.2.	1						
	This one story facili	ity was determined to be of						
	_	ruction and was fully						
		cility has a fire alarm system						
	_	oke detection in the corridors						
		the corridors. Resident rooms						
		attery powered smoked						
	_	ity is partially protected by a						
		generator. The facility has the						
		d had a census of 129 at the						
	time of this survey.							
	Quality Review con	mpleted on 09/14/22						
K 0351	NFPA 101							
SS=B	Sprinkler System -	- Installation						
Bldg. 01	Spinkler System -							
-	2012 EXISTING							
	Nursing homes, a	nd hospitals where required						
	by construction type	·						
		approved automatic						
		n accordance with NFPA						
		he Installation of Sprinkler						
	Systems.	•						
	_	onstruction, alternative						
		res are permitted to be						
	-	inkler protection in specific						
		or local regulations prohibit						
	sprinklers.							
		klers are not required in						
		patient sleeping rooms						
		the closet does not exceed						
			1		İ			

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PDMG21 Facility ID: 000253

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 09/13/2022 155362 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 8800 VIRGINIA PLACE BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER MERRILLVILLE, IN 46410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility K 0351 Facility is requesting desk/paper 09/30/2022 failed to maintain the ceiling construction in 1 of 1 compliance laundry rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Life Safety plan of Correction -NFPA 13, 2010 edition, Section 6.2.7.1 states Visit date -9/13/2022 plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall K 351 be metallic, or shall be listed for use around a what corrective action(s) will be sprinkler. This deficient practice could affect staff accomplished for those residents in the laundry room. found to have been affected by the deficient practice; Findings include: for a sprinkler identified in laundry room was identified as not being Based on observations with the Executive flush with the ceiling which Director and the Maintenance Director during a exposed the attic above tour of the facility from 11:40 a.m. to 1:00 p.m. on 09/13/22, the escutcheon for a sprinkler on the how other residents having the ceiling in the laundry room was not flush with the potential to be affected by the ceiling which exposed the attic above. Based on same deficient practice will be interview at the time of the observation, the identified and what corrective Maintenance Director agreed the aforementioned action(s) will be taken: ceiling mounted sprinkler escutcheon was not No residents were identified as installed flush with the ceiling which exposed the being affected by the deficient attic above. Based on observation prior to survey practice, but could affect staff in exit, the escutcheon for the sprinkler was fixed and the laundry area, the area was the attic above was no longer exposed. repaired while the surveyor was in the building This finding was reviewed with the Executive Director and Maintenance Director during the exit what measures will be put into conference. place and what systemic changes

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3.1-19(b)

Event ID:

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will be made to ensure that the

deficient practice does not recur: All sprinklers were assessed, and no sprinklers were deficient, the

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	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		ì í		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	01	COMPLETED	
		155362	B. WING 09/13/			/2022	
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
BRICKY/	ARD HEALTHCARE	: - MERRILLVILLE CARE CENTER	2		RGINIA PLACE LLVILLE, IN 46410		
			` I				0/2
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	·	LSC IDENTIFYING INFORMATION		TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓΕ	DATE
					area was repaired immediately	 У	
					how the corrective action(s) w		
					monitored to ensure the defici- practice will not recur, i.e., wha		
					quality assurance program wil		
					put into place; and		
					The Maintenance		
					Director/designee will audit all		
					sprinklers with 1 full audit and		
					issue will be tracked in building	-	
					engines quarterly thereafter in perpetuity. This will be reporte		
					a life safety issue and results		
					building engines audits no less		
					than quarterly in QAPI, any tre		
					will be identified, any trends w		
					identified until 95 % compliand	e is	
					reached.		
					by what date the systemic		
					changes for each deficiency w	rill	
					be completed. After submitting	j an	
					acceptable Plan of Correction,		
					is determined that the correction		
					will not be completed by the da		
					previously submitted, The Divineeds to be contacted as soon		
					possible. The facility will need		
					submit an amended plan of		
					correction with the updated pla	an of	
					correction date.		
					The data of an 11 1 0/00/	0000	
					The date of correction is 9/30/	2022	
K 0353	NFPA 101						
SS=E		- Maintenance and Testing					
Bldg. 01		- Maintenance and Testing					
	-	er and standpipe systems					
	are inspected, test	ted. and maintained in					

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Event ID:

PDMG21 Facility ID: 000253

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i ´							DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDING <u>01</u>			COMPLETED	
		155362	B. W	B. WING 09/1			9/13/2022	
		-	•	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
NAME OF I	PROVIDER OR SUPPLIEI	R		8800 VI	IRGINIA PLACE			
BRICKY	ARD HEALTHCARE	E - MERRILLVILLE CARE CENTEI	₹	MERRI	LLVILLE, IN 46410			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	, and the second	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		NFPA 25, Standard for the						
		g, and Maintaining of						
		Protection Systems.						
	-	n design, maintenance,						
	•	sting are maintained in a						
		nd readily available.						
	a) Date sprinkler	system last checked						
	b) Who provided	 I system test						
	b) who provided	r System test						
	c) Water system	supply source						
	Provide in REMARKS information on							
	coverage for any	non-required or partial						
	automatic sprinkle	er system.						
	9.7.5, 9.7.7, 9.7.8	, and NFPA 25						
	Based on observation	on and interview, the facility	K 0	353	Facility is requesting desk/pap	er	09/30/2022	
	failed to ensure at l	east 6 of over 200 sprinkler			compliance			
	heads in the facility	were maintained. NFPA 25,						
	Standard for the Ins	spection, Testing, and			K353			
		ater-Based Fire Protection						
		5 requires glass bulb sprinklers			what corrective action(s) will b			
	_	the bulbs have emptied. This			accomplished for those reside	nts		
	*	ould affect up to 46 residents,			found to have been affected b	y the		
		visitors of C Wing if required			deficient practice;			
	to exit through the	southwest and northwest exit						
	doors.				6 Sprinkler heads under the			
					overhang outside C-Wing exit			
	Findings include:				were empty with no color in th	е		
	l				glass bulb and needed to be			
	Based on observations on 09/13/22 from 11:40 am				replaced			
		a tour of the facility with the						
		tor, sprinklers heads under the			[. "			
		Wing's southwest and			how other residents having the			
		e glass bulb type sprinkler			potential to be affected by the			
		the sprinkler heads were			same deficient practice will be			
		or in the glass bulb. Sprinkler			identified and what corrective			
		erhang of the northeast exit			action(s) will be taken;			
		the bulb. Based on interview						
	at the time of obser	vations, the Maintenance	1		46 residents, as well as staff a	ınd		

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>01</u>			COMPLETED	
		155362			09/13/2022		
				STREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIEF	8			IRGINIA PLACE		
BRICKV	ARD HEAI THOADE	E - MERRILLVILLE CARE CENTER			LLVILLE, IN 46410		
BRICKY	AND HEALTHUAKE	- WILKNILLVILLE CARE CENTER		IVIERRII	LL VILLE, IIN 404 IU		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	sprinkler heads under the			visitors of C-Wing if required to	0	
		nwest exit overhang were			exit through those doors had t	he	
	empty with no color	r in the glass bulbs.			potential to be affected by the		
					deficient practice		
		viewed with the Executive					
		aintenance Director at the exit					
	conference.				what measures will be put into		
					place and what systemic chan	•	
	3.1-19(b)				will be made to ensure that the		
					deficient practice does not rec	ur;	
					All sprinklers were examined a		
					were found to be functioning.	The	
					6 were identified and an outside	de	
					Company made repairs		
					how the corrective action(s) w		
					monitored to ensure the defici-		
					practice will not recur, i.e., who		
					quality assurance program wil	l be	
					put into place; and		
					The Maintenance		
					director/designee will audit 1 f		
					audit and the issue will be trac	ked	
					in building engines quarterly		
					thereafter in perpetuity. This w		
					be reported as a life safety iss		
					and results of building engines	3	
					audits to QAPI no less than		
					quarterly, any trends will be		
					identified until 95 % compliand	e is	
					reached.		
					by what date the systemic		
					changes for each deficiency w		
					be completed. After submitting	-	
			I		acceptable Plan of Correction	if it	I

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>01</u>			COMPLETED		
		155362	B. WI	NG		09/13/	/2022
				CTDEET /	ADDRESS CITY STATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD RGINIA PLACE		
BDICKV	ADD HEVI THOVDE	MEDDILLVILLE CARE CENTER	,		LLVILLE, IN 46410		
DRICKTA	RICKYARD HEALTHCARE - MERRILLVILLE CARE CENTE		`	MEKKI	LLVILLE, IN 404 IU		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
					is determined that the correcti	on	
					will not be completed by the d	ate	
					previously submitted, The Divi	sion	
					needs to be contacted as sooi	n as	
					possible. The facility will need	to	
					submit an amended plan of		
					correction with the updated pla	an of	
					correction date.		
					The date of correction is 9/30/	2022	
K 0363	NFPA 101						
SS=B	Corridor - Doors						
Bldg. 01	Corridor - Doors						
		corridor openings in other					
	-	osures of vertical openings,					
		s areas resist the passage					
		made of 1 3/4 inch					
		wood or other material					
	-	ig fire for at least 20					
		fully sprinklered smoke					
	•	only required to resist the					
	-	e. Corridor doors and doors					
	to rooms containing	-					
		rials have positive latching					
		atches are prohibited by					
	•	hese requirements do not					
		spaces that do not contain					
	flammable or com						
		n bottom of door and floor					
	_	ceeding 1 inch. Powered					
		vith 7.2.1.9 are permissible					
	-	device capable of keeping					
		hen a force of 5 lbf is					
	• •	no impediment to the					
	_	rs. Hold open devices that					
		door is pushed or pulled are					
	-	ed protective plates of					
	∣ unlimited height ai	re permitted. Dutch doors	1				

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PDMG21 Facility ID: 000253

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l í		î î			ì í	X3) DATE SURVEY		
AND PLAN	OF CORRECTION			A. BUILDING <u>01</u>			COMPLETED	
		155362	B. WI	NG	09/13		3/2022	
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD IRGINIA PLACE			
BRICKY	ARD HEALTHCARE	- MERRILLVILLE CARE CENTER	₹		LLVILLE, IN 46410			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		6 are permitted. Door						
		beled and made of steel or						
		compliance with 8.3,						
	unless the smoke							
	1 -	fire window assemblies are						
	1	sprinklered compartments						
		ctions in area or fire						
	1	s or frames in window						
	assemblies.							
	19363 42 CEP	Parts 403, 418, 460, 482,						
	483, and 485	1 413 403, 410, 400, 402,						
		(S details of doors such as						
		ngs, automatics closing						
	devices, etc.	.9-,						
	i '	on and interview, the facility	K 03	363	Facility is requesting desk/pap	er	09/30/2022	
	failed to ensure 1 of	f over 100 corridor doors were			compliance			
	provided with a mea	ans suitable for keeping the						
	door closed, had no	impediment to closing,						
	latching and would	resist the passage of smoke.			K363			
		ice could affect 46 residents,			what corrective action(s) will b	e		
	staff and visitors in	the vicinity of C Wing dining			accomplished for those reside			
	room.				found to have been affected b	y the		
					deficient practice;			
	Findings include:				Facility failed to ensure 1 of ov			
	December 1	ou originale also Mainean			100 corridor doors were provide			
		on with the Maintenance			with a means suitable for keep	oing		
		tive Director during a tour of			the door closed, had no	~		
	I	:40 a.m. to 1:00 p.m. on 09/13/22, door set serving as the			impediment to closing, latching	-		
		ing dining room were			and would resist the passage smoke	UI		
		sing due to the coordinator not			SHOVE			
	functioning properly				how other residents having the	ے		
		inch gap was present between			potential to be affected by the			
		the door set. Based on			same deficient practice will be			
		e of observation, the			identified and what corrective			
		for agreed the aforementioned			action(s) will be taken;			
		d not close when tested			This deficient practice could a	ffect		
		ated the coordinator needs			46 residents, staff and visitors			
		observation prior to survey			the vicinity of C-Wing dining ro			

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i î						ATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER			01	COMPLETED 09/13/2022	
		155362	B. WI	B. WING			2022
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
BDICKV/	ADD HEVI THUV DE	E - MERRILLVILLE CARE CENTER	,		RGINIA PLACE		
	AND REALIRCARE	- WERRILLVILLE CARE CENTER	`	IVIERRII	LLVILLE, IN 46410		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION d successfully close and latch		TAG	Dia relation		DATE
	into the frame.	a successionly close and laten			what measures will be put into)	
					place and what systemic chan		
	This finding was re	viewed with the Executive			will be made to ensure that the	_	
		enance Director at the exit			deficient practice does not rec	ur;	
	conference.				The door has been repaired.		
	2 1 10/4)				doors had been checked with		
	3.1-19(b)				surveyor for compliance and v rechecked by the maintenance		
					director for compliance.	<i>5</i>	
					an octor for compliance.		
					how the corrective action(s) w	ill be	
					monitored to ensure the defici-	ent	
					practice will not recur, i.e., who		
					quality assurance program wil	i be	
					put into place; and The Maintenance		
					director/designee will complete	_ _	
					one full audit and the issue wil		
					added to building engines dail		
					interior rounds (daily). This wi	-	
					reported as a life safety issue		
					QAPI no less than quarterly, a	-	
					trends will be identified until 9	5 %	
					compliance is reached.		
					by what date the systemic		
					changes for each deficiency w	/ill	
					be completed. After submitting	-	
					acceptable Plan of Correction		
					is determined that the correction		
					will not be completed by the d previously submitted, The Divi		
					needs to be contacted as soon		
					possible. The facility will need		
					submit an amended plan of		
					correction with the updated pla	an of	
					correction date.		
			1			Į.	l

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Event ID:

PDMG21 Facility ID: 000253

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2022 FORM APPROVED OMB NO. 0938-039

STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	<u>01</u>	COMPLETED		
		155362	B. WI	B. WING			09/13/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER				8800 VI	ADDRESS, CITY, STATE, ZIP COD RGINIA PLACE LLVILLE, IN 46410			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL]	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	ΤF	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	. =	DATE	
					The date of correction is 9/30/2022 ul="" role="list"			

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: PDMG21 Facility ID: 000253 If continuation sheet Page 10 of 10