

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

PRINTED: 05/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/27/23</p> <p>Facility Number: 000165 Provider Number: 155264 AIM Number: 100288220</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Golden Rule Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 170 certified beds. At the time of the survey, the census was 85.</p> <p>Quality Review completed on 05/04/23</p>	E 0000		
K 0000 Bldg. 01	<p>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).</p> <p>Survey Date: 04/27/23</p> <p>Facility Number: 000165 Provider Number: 155264 AIM Number: 100288220</p> <p>At this Life Safety Code survey, Brickyard</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lynn Adams	Executive Director	05/16/2023

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 0341 SS=E Bldg. 01	<p>Healthcare - Golden Rule 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 with a partial basement was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery-operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 170 and had a census of 85 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had one large detached storage garage which was not sprinkled.</p> <p>Quality Review completed on 05/04/23</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other</p>			

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	<p>transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., in the corridor (1) by the Admissions Office and (2) in the corridor near the Occupational Therapy area there were smoke detectors located within 3 feet of an air supply (either supply or return) where air flow would prevent proper operation of the detector.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p>	K 0341	<p>p="" xml: paraid="1261856530" paraeid="{46b1916e-d719-44ae-a612-607daa9173a8}{37}">No residents were affected by this alleged deficient practice. The facility has contacted the service provider for the alarm system. The identified smoke detector is on schedule to be relocated by the service provider prior to 6-15-2023. All residents residing in the facility have the potential to be affected by this alleged deficient practice. The Maintenance Director has conducted observations on all smoke detectors to ensure they are 3 feet from an air supply or return. There were 13 other detectors that were identified during this observation. () Those 13 detectors will also be relocated prior to 6-15-2023 The Maintenance Director reviewed the regulatory guidance on fire alarm system installation related to the amount of space required between a detector and an air supply and voices understanding. (Attachment 2) The maintenance Director will oversee any new installations or replacements of smoke detectors in the facility to ensure they meet the regulatory requirements. (Attachment 3) The results of these observations will be presented in the monthly QAPI for review and further</p>	06/15/2023

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K 0351 SS=C Bldg. 01	<p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 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 failed to ensure the installation of the sprinkler system met the requirements of NFPA 13. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition; Section 6.2.9.1 states a supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been</p>	K 0351	<p>recommendations as warranted for 6 months and the committee will then determine the need for further monitoring. p="" xml: paraid="1261856530" paraeid="{46b1916e-d719-44ae-a612-607daa9173a8}{37}">.</p> <p>p="" xml: paraid="1917492720" paraeid="{c98ef02d-0b46-4970-8607-18f281eb04ff}{158}">No residents were affected by this alleged deficient practice. The spare sprinkler boxes identified have been mounted to the wall in the riser room and are secure.</p>	06/15/2023

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K 0363 SS=E Bldg. 01	<p>damaged in any way can be promptly replaced. This deficient practice could affect all occupants within the facility.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., the sprinkler riser room contained two spare sprinkler boxes. The first spare sprinkler box containing spare sprinklers was zip tied to the main riser pipe and twisted in such a fashion that the door was not accessible. A second plastic tackle box was resting on the floor and was identified as "Spare Sprinklers" and was being used to store spare sprinklers. Based on interview at the time of observation, the Maintenance Director agreed the sprinkler riser room contained two spare sprinkler boxes and that neither was properly installed/mounted and could keep the spare sprinklers secure and safe.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch</p>		<p>This alleged deficient practice could potentially affect all residents who currently reside in the facility. The facility has one other riser room that contains spare sprinkler parts, and that box is mounted and secure. (Attachment 1) The Maintenance Director reviewed the regulatory guidance on sprinkler systems related to the storage of spare sprinklers and has voiced understanding. (See Attachment 2) The Maintenance Director or his will visually inspect all spare sprinkler storage boxes to ensure the spare sprinkler storage boxes remain properly secured and easily accessible. (Attachment 3 results of these observations will be presented during the monthly QAPI meeting for review and further recommendations as warranted for 6 months and the committee will then determine the need for further monitoring.</p> <p>p="" xml: paraid="1917492720" paraeid="{c98ef02d-0b46-4970-8607-18f281eb04ff}{158}">. All corrections will be completed by 6-15-2023.</p>	

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	<p>solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 30 corridor doors had no impediment to closing and latching into the door frame and would resist the passage of smoke.</p>	K 0363	<p>·p class="Paragraph SCXW232507617 BCX8" xml:lang="EN-US" paraid="1384944424"</p>	06/15/2023

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	<p>This deficient practice could affect 6 residents and staff.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., (1) the kitchen Dry Storage room corridor door equipped with a self-closing device, failed to self-close and latch into the door frame. And (2) the shower room door on Hall 6 had a hole which penetrated completely through the door. The hole was approximately 1/4 inch.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p>		<p>paraeid="{b9a08cd1-0477-43cd-ac71-d5c7a76016db}{31}" >All residents who currently reside in the South unit and the kitchen employees have the potential to be affected by this alleged deficient practice. The hole that was noted in the south shower room door was sealed with fire caulk. The door to the dry storage area in the kitchen has been repaired and now properly self closes and latches.</p> <p>-The facility Maintenance Director has visually inspected all other shower room doors to ensure they have no holes. He has also visually inspected all other self-closing doors to verify they properly close and latch. There were no concerns with these inspections. (Attachment 1)</p> <p>-The facility Maintenance Director reviewed the regulatory guidance related to corridor doors and voiced understanding. (Attachment 2)</p> <p>-The Maintenance Director or his will visually inspect all shower room doors and self-closing doors during routine rounds to ensure that all shower room doors remain without holes and all self-closing doors properly close and latch.</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 and interview, the facility failed to ensure 1 of over 10 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p>	K 0511	<p>(Attachment 3) The results of the observations will be presented during the monthly QAPI meeting for review and further recommendations as warranted for 6 months and the committee will then determine the need for further monitoring.</p> <p>·p class="Paragraph SCXW201465266 BCX8" xml:lang="EN-US" paraid="1729796549" paraeid="{056bd38d-e618-464b-a9db-d073c69bee75}{24}" >No residents or staff were affected by this alleged deficient practice. The identified receptacle in the South Nurses Station clean utility room has been replaced with a GFCI circuit.</p> <p>·Any staff member who uses this area could be affected by this alleged deficient practice. The facility maintenance Director has visually inspected all other</p>	06/15/2023

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	<p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection. Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of</p>		<p>receptacles in a wet location to ensure they are all GFCI receptacles. No concerns were noted during these rounds. (Attachment 1)</p> <p>-The facility Maintenance Director has reviewed the regulatory guidance on GFCI receptacles and voiced understanding. (Attachment 2)</p> <p>-The Maintenance Director or his will visually inspect all wet areas during routine rounds to ensure that if receptacles are present, they are GFCI receptacles. (See Attachment 3) The results of the observations will be presented during the monthly QAPI meeting for review and further recommendations as warranted and the committee will then determine the need for further monitoring.</p>	

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K 0761 SS=F Bldg. 01	<p>the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 2.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., in the Clean Utility area near the South Nurses Station a receptacle near a water source failed to trip when tested suggesting the receptacle was not on a GFCI circuit. The Maintenance Director at the time of observation stated he did not believe the receptacle was on a GFCI circuit.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to maintain fire door assemblies in accordance with LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and</p>	K 0761	<p>·p class="Paragraph SCXW232466725 BCX8" xml:lang="EN-US" paraid="1587999287" paraeid="{360b2fb3-1183-4f9a-af36-86ffcc1d2498}{165}" >All residents who currently reside on center hall and east hall have the potential to be affected by this alleged deficient practice. The</p>	06/15/2023

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	<p>fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <ol style="list-style-type: none"> (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (10) No field modifications to the door assembly have been performed that void the label. 		<p>facility has new door mechanisms on order, and they will be installed upon their arrival.</p> <p>-The Maintenance Director has visually inspected all other fire doors to ensure they close and latch properly. There were no concerns with these inspections. (Attachment 1)</p> <p>-The Maintenance Director has reviewed the regulatory guidance related to Maintenance, Inspection and Testing of doors and voiced his understanding. (Attachment 2)</p> <p>-The Maintenance Director or his designee will visually inspect all fire doors during routine rounds to ensure that all fire doors close and latch properly. (Attachment 3) The results of the observations will be presented during the monthly QAPI meeting for review and recommendations as warranted for 6 months and the committee will then determine the need for further monitoring.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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K 0920 SS=E	<p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. This deficient practice could affect everyone.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., the following sets of Fire Doors, tagged as 3-hour Fire Doors and identified on the doors as "Fire Doors" failed to latch positively into the door frames when tested:</p> <p>A) Double doors near RR 46. B) Double doors near Activities Area. C) Double doors in the "Cart Hall." D) Double doors near RR 11 & 12.</p> <p>The aforementioned doors were confirmed by the Maintenance Director to be true fire doors and were visually verified externally by the presence of corresponding brick parapets on the roof. The facility does annual fire door inspections in house and the most recent inspection was dated 10/12/22 and the doors failure to latch was not mentioned in the report. One other similar style Fire Door was observed on Hall 3 which did latch positively when tested.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and</p>			

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Bldg. 01	<p>Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power to equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 3 staff and residents.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Maintenance Director and</p>	K 0920	<p>·p class="Paragraph SCXW36348495 BCX8" xml:lang="EN-US" paraid="1491410488" paraeid="{e9dda12d-66cc-4be6-8df e-f3d008ff5b32}{1}" >No residents had the potential to be affected by this alleged deficient practice. The Director of Clinical Services had the potential to be affected by this alleged deficient practice. The power strip was removed from the DCE office, and the air conditioner was plugged into a fixed outlet.</p>	06/15/2023
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	<p>Executive Director on 04/27/23 between 1:10 p.m. and 3:45 p.m., in the staff development office a power strip was being used to power a window air conditioner unit (high power draw equipment).</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director and Executive Director present.</p> <p>3.1-19(b)</p>		<p>-The Maintenance Director has visually inspected all other high current draw devices within the facility to ensure no power strips are being utilized improperly. There were no concerns with these inspections. (Attachment</p> <p>-The Maintenance Director has reviewed the regulatory guidance related to Electrical Equipment-Power cords and extension cords and has voiced understanding. (Attachment 2)</p> <p>-The Maintenance Director or his designee will visually observe high current draw devices during routine rounds to ensure that no power strips are being utilized that do not meet the regulatory requirements. (Attachment 3) The results of these observations will be presented during the monthly QAPI meeting for review and recommendations as warranted for 6 months and the committee will</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - GOLDEN RULE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
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			then determine the need for further monitoring.		