

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

PRINTED: 06/26/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155062		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING		X3) DATE SURVEY COMPLETED 06/04/2024	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - LAPORTE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1700 I STREET LA PORTE, IN 46350			
(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 06/04/24  Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400  At this Emergency Preparedness survey, Brickyard Healthcare - Laporte Care Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73  The facility has 87 certified beds. At the time of the survey, the census was 71.  Quality Review conducted on 06/06/24			E 0000			
E 0041 SS=F Bldg. --	482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.  §483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power						

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

TITLE

(X6) DATE

Joe Flacke

Sr. Executive Director

06/24/2024

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 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 30 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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	<p>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain</p>						

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	<p>the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, <a href="http://www.nfpa.org">www.nfpa.org</a>, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 7 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and Administrator on 06/04/24 between 9:04 a.m. and 11:12 a.m., no documentation was available for review to show the diesel generator sets in service were inspected for the weeks between 06/10/23 to 07/22/23 along with the week of 08/05/23. Based on an interview at the time of record review, the Maintenance Director confirmed the missing weekly inspections and stated that those would have been completed</p>		E 0041	<p><b>1. No residents were affected by the deficient practice. There have been no missed generator inspections since the week of 8/5/2023.</b></p> <p><b>2. Residents have the potential to be affected by the deficient practice.</b></p> <p><b>3. The executive director, or his designee, will use an audit tool to monitor the weekly generator inspections. The company has recently moved to the TELS building management application that completely tracks all required maintenance tasks, and entered work orders from staff, as well as complying with state and federal regulatory requirements. Audits will be conducted x1 weekly for 2 months, and then monthly x4. The executive director, or his designee, will review the generator inspection reports.</b></p> <p><b>4. Audit results will be reviewed in the monthly QAPI meeting for a period of six months. If any negative trends are observed, the audits will be continued until such time that the committee is confident that the issue is resolved.</b></p>		07/01/2024	

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K 0000  Bldg. 01	<p>before he started in his current role and was unaware if they had been completed or not during that time.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <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: 06/04/24</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>At this Life Safety Code survey, Brickyard Healthcare - Laporte 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.</p> <p>This one-story facility with a partial basement was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with hardwire smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The building is partially protected by a 125-kW diesel-powered generator. The facility has a capacity of 87 and had a census of 71 at the time of this survey.</p>			K 0000	<p>The facility respectfully requests paper compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

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K 0300 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a block building used to store facility and maintenance equipment which was not sprinklered.</p> <p>Quality Review conducted on 06/06/24</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 7 of over 40 battery operated smoke alarms installed in resident sleeping rooms were not over ten years old in accordance with NFPA 72. NFPA 72, 2010 Edition, Section 14.4.8.1 states unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture. This deficient practice could affect over 40 residents and staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 06/04/24 during a tour of the facility from 11:16 a.m. to 1:09 p.m., manufacturer's documentation affixed to the battery operated smoke alarms installed above the</p>			K 0300	<p><b>1. The seven resident sleeping rooms had their battery-operated smoke alarms replaced with new devices.</b></p> <p><b>2. Residents have the potential to be affected by the deficient practice. All of the remaining resident sleeping rooms have had their battery-operated smoke alarms replaced with new devices.</b></p> <p><b>3. The executive director, or his designee, will use an audit tool to monitor the monthly battery smoke alarm inspections. The company has recently moved to the TELS building management application that completely tracks all required</b></p>		07/01/2024

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K 0541 SS=E Bldg. 01	<p>doors in resident sleeping rooms 1,3,8,23,28,30,47 all had an affixed manufacturer date listed as 04/23/2010. Based on interview at the time of observation, the Maintenance Director confirmed that the detectors were over 10 years old and stated that he has been replacing smoke detectors recently due to them being defective and would monitor all smoke detectors for the same issue.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1.19(b)</p>				<p><b>maintenance tasks, and entered work orders from staff, as well as complying with state and federal regulatory requirements. The 10-year mark inspection has been added to the monthly inspection criteria for battery-operated smoke alarms. Audits will be conducted monthly for 6 months. The executive director, or his designee, will review the TELS report regarding these inspections. 4. Audit results will be reviewed in the monthly QAPI meeting for a period of six months. If any negative trends are observed, the audits will be continued until such time that the committee is confident that the issue is resolved.</b></p>		
	<p>NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chu Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen</p>						

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	<p>systems, shall be provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)</p> <p>(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.</p> <p>19.5.4, 9.5, 8.4, NFPA 82</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 laundry chute door to be self-closing and positive latching. LSC 9.5.2 requires laundry chutes shall be installed and maintained per NFPA 82, 2009 Edition. NFPA 82 5.2.3.3.1.1 requires all chute loading doors into a linen chute shall be provided with a self-closing, positive latching frame and gasketed door assembly. This deficient practice could affect 20 staff and residents.</p> <p>Findings include:</p> <p>Based observation with the Administrator and the Maintenance Director on 06/04/24 between 11:16 a.m. and 1:09 p.m., a limited access laundry chute was located in the utility room within the nurses station in A-wing. When the laundry chute door was tested, the door was positively latching and had a self-closer, however the closer was broken which did not let the door self-close. The arm connecting the frame to the closer was broken off. Based on interview at the time of observation, the Maintenance Director confirmed the aforementioned issue and stated he was unaware that the closer was broken and would get it</p>			K 0541	<p><b>1. No residents were affected by the deficient practice. The maintenance director repaired the closer for the laundry chute the same day the surveyor exited.</b></p> <p><b>2. All residents have the potential to be affected by the deficient practice.</b></p> <p><b>3. The executive director, or his designee, will use an audit tool to monitor that the laundry chute is operational and in good working order. The company has recently moved to the TELS building management application that completely tracks all required maintenance tasks, and entered work orders from staff, as well as complying with state and federal regulatory requirements. We have added the laundry chute to the checklist. Audits will be conducted x1 weekly for 2</b></p>		07/01/2024



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K 0712 SS=F Bldg. 01	<p>repaired.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct fire drills on each shift for 1 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice could affect all staff and residents.</p> <p>Findings include:</p>	K 0712	<p>months and then monthly for 4 months. The executive director, or his designee, will review the TELS report regarding these inspections. 4. Audit results will be reviewed in the monthly QAPI meeting for a period of six months. If any negative trends are observed, the audits will be continued until such time that the committee is confident that the issue is resolved.</p> <p>1. No residents were affected by the deficient practice. There have been no missing fire drills since the third quarter of 2023. 2. All residents have the potential to be affected by the deficient practice. 3. We had a gap in maintenance directors, but we have also switched to the TELS building management</p>	07/01/2024	

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K 0918 SS=F Bldg. 01	<p>Based on records review with the Maintenance Director and Administrator on 06/04/24 between 9:04 a.m. and 11:30 a.m., no documentation was available to show a first shift fire drill for the third quarter of 2023 was conducted. Based on interview at the time of record review, the Maintenance Director stated that the missing fire drill would have been conducted before his start date as Director, so he was unsure if the fire drill was ever conducted. Later during record review, the Administrator stated that the transition of Maintenance Director's occurred during the time of when the fire drill would have been conducted and could have been missed.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer</p>			<p><b>application that will keep us on track. The TELs program sends e-mails to others on the management team that tasks need to be completed so that they will not be missed even in the event of transitioning between maintenance directors. The executive director, or his designee, will use an audit tool to monitor that the fire drills are completed as required. This will be a monthly audit for 6 months. The executive director will review the TELs reports and the sign-in sheets to ensure that the facility is in compliance.</b></p> <p><b>4. Audit results will be reviewed in the monthly QAPI meeting for a period of six months. If any negative trends are observed, the audits will be continued until such time that the committee is confident that the issue is resolved.</b></p>			

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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
	<p>switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 7 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having</p>			K 0918	<p><b>1. No residents were affected by the deficient practice. There have been no missing generator inspections since the week of 8/5/2023.</b></p> <p><b>2. Residents have the potential to be affected by the deficient practice.</b></p> <p><b>3. The executive director, or his designee, will use an audit tool to monitor the weekly generator inspections. The company has recently moved to the TELS building</b></p>		07/01/2024

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

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	<p>jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and Administrator on 06/04/24 between 09:04 a.m. and 11:12 a.m., no documentation was available for review to show the diesel generator sets in service were inspected for the weeks between 06/10/23 to 07/22/23 along with the week of 08/05/23. Based on an interview at the time of record review, the Maintenance Director confirmed the missing weekly inspections and stated that those would have been completed before he started in his current role and was unaware if they had been completed or not during that time.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>				<p><b>management application that completely tracks all required maintenance tasks, and entered work orders from staff, as well as complying with state and federal regulatory requirements. Audits will be conducted x1 weekly for 8 weeks, and then monthly x4. The executive director, or his designee, will review the generator inspection reports. 4. Audit results will be reviewed in the monthly QAPI meeting for a period of six months. If any negative trends are observed, the audits will be continued until such time that the committee is confident that the issue is resolved.</b></p>		