

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2023
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033
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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: 05/08/23</p> <p>Facility Number: 012548 Provider Number: 155790 AIM Number: 201023760</p> <p>At this Emergency Preparedness survey, Bridgewater Healthcare Center was found in compliance with Emergency Preparedness Requirements for Medicare Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 120 certified beds. At the time of the survey, the census was 93.</p> <p>Quality Review completed on 05/10/23</p>	E 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider for any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey.</p>	
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: 05/08/23</p> <p>Facility Number: 012548 Provider Number: 155790 AIM Number: 201023760</p> <p>At this Life Safety Code survey, Bridgewater Healthcare Center was found not in compliance</p>	K 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider for any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu</p>	

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

TITLE

(X6) DATE

Patrick Burdsall

Executive Director

05/22/2023

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 0345 SS=C Bldg. 01	<p>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 was determined to be of Type V (111) 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 smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 120 and had a census of 93 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building for medical gas storage and the generator transfer switch which was sprinklered.</p> <p>Quality Review completed on 05/10/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101-</p>	K 0345	<p>of a post survey.</p> <p>What corrective actions have been accomplished for those residents found to have been affected by the deficient</p>	05/22/2023

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K 0712 SS=F Bldg. 01	<p>2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 05/08/23 at 12:20 p.m. with the Maintenance Director, the time and date on the fire alarm control panel were incorrect. The display on the main fire alarm control panel indicated the date and time to be 05/07/23 at 10:58 a.m. Based on interview at the time of observation, the Maintenance Director indicated he was unaware of the discrepancy and would contact the alarm company to have the displayed date and time updated on the fire alarm control panel.</p> <p>This finding was reviewed with the facility administrator and the Maintenance Director at the exit conference on 05/08/23 at 2:21 p.m.</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</p>		<p>practice; The date and time on the fire panel was corrected on 5/10/23.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be take; All resident have the potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The maintenance director or designee will monitor the fire panel weekly to ensure the date and time are displayed correctly on the panel.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not recur, what quality assurance program will be put in place. Results of the audit will be brought to QAPI for three months or until 100% compliance is achieved.</p> <p>="" span=""> ="" p=""> ="" span=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""></p>	

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	<p>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 ensure 3 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted in four of the last four quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review of the facility fire drills entitled "Direct Supply - TELS Fire Drill" with the Maintenance Director on 05/08/23 at 10:46 a.m., the fire drill forms had "No" documented in the area to indicate transmission of the fire alarm signal with the monitoring company. Based on interview at the time of record review, the Maintenance Director indicated that he was unaware of the requirement to document the transmission of the fire alarm signal with the monitoring company.</p> <p>This finding was reviewed with the facility administrator and the Maintenance Director at the exit conference on 05/08/23 at 2:21 p.m.</p> <p>3.1-19(b) 3.1-51(c)</p>	K 0712	<p>What corrective actions have been accomplished for those residents found to have been affected by the deficient practice; The maintenance director will conduct fire drills quarterly on each shift and ensure the transmission of a fire alarm signal is exercised for each drill. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be take; All residents have the potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The Executive Director or designee will audit fire drills monthly for 3 months to ensure compliance. The maintenance director was educated on exercising the alarm signal within 24hrs for 3rd shift drills.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not</p>	05/22/2023

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

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			<p>recur, what quality assurance program will be put in place. Results of the audit will be brought to QAPI for three months or until 100% compliance is achieved.</p>		