

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155831	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2022
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NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5024 WESTERN AVENUE SOUTH BEND, IN 46619
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K 0000 Bldg. 01	<p>A Preoccupancy Survey for a bed increase of 20 T18/19 beds in rooms 400-411, 500, 506, 508, 510, 512, 514, 301 and 302 was conducted by the Indiana Department of Health in accordance with 42 CFR 483 Subpart B.</p> <p>Comprehensive bed count change from 111 T18/19 beds to 131 T18/19 beds.</p> <p>Survey Date: 08/03/22</p> <p>Facility Number: 013420 Provider Number: 155831 AIM Number: 201293620</p> <p>At this Preoccupancy Survey, Briarcliff Health and Rehabilitation 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 basement was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 111 and had a census of 85 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>	K 0000	<p>A contractor has been hired to complete requirements for the rooms found to be out of compliance. (rooms 301, 302, 400, 401, 402, 403, 404, 405, 406, 410, 411, 500.)</p> <p>Corridor door 409 was repaired. The door closes properly as required.</p> <p>A spring hinge was installed on the soiled utility door on 300 hall. The door automatically closes completely as required</p> <p>POC date 9/3/22</p>	
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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 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 0363 SS=E Bldg. 01	<p>self-closing door that would automatically latch into the frame. This deficient practice could 12 residents in the 500-hall.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator, and Admissions Admin on 08/03/22 at 10:23 a.m., the soiled utility room (which contained barrels of trash and soiled linen) by room 500 was left open. Upon inspection, the self-closing device was removed from the door and laying on a shelf. Based on interview at the time of observation, the Maintenance Director agreed the soiled utility room door was missing the closing device and stated it will be reinstalled.</p> <p>This finding was reviewed with the Maintenance Director, Administrator, and Admissions Admin during the exit conference.</p> <p>3.1-19(a)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors</p> <p>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 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</p>		<p>automatically closes completely as required.</p> <p>2. Residents on the 300 hall had the potential of being affected by this deficient practice.</p> <p>3. All hazardous doors in the facility will be check for compliance.</p> <p>4. The maintenance director will identify the locations of all hazardous doors and schedule them to be checked on a monthly basis for compliance. The maintenance director will report on this item to QAPI for the next six months.</p>		

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	<p>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 20 resident room corridor doors was provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. This deficient practice could affect 2 residents in room 409.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator, and Admissions Admin on 08/03/22 at 10:03 a.m., the corridor door to resident room 409 did not latch into the frame</p>	K 0363	<p>K363 1. The corridor for room 409 was repaired. The door closes properly as required.</p> <p>2. This deficient practice affected two residents living in room 409.</p> <p>3. All resident room corridor doors will be checked monthly for proper closure. This activity will be documented by the maintenance director. Room corridor doors found not closing properly will be repaired / adjusted to close</p>	09/03/2022
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K 9999 Bldg. 01	<p>when tested. Based on interview at the time of observation, the Administrator, and Admissions Admin stated the corridor door would not latch into the door frame and needs to be repaired.</p> <p>This finding was reviewed with the Maintenance Director, Administrator, and Admissions Admin during the exit conference.</p> <p>3.1-19(a)</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(a) The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>3.1-19(k)(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flame-retardant material, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.</p> <p>3.1-19(u)(1) The nurses' station must be equipped to receive resident calls through a communication system from the resident rooms.</p> <p>This State Rule has not been met as evidenced by:</p> <p>1) Based on observation and interview, the facility failed to provide privacy curtains in 11 of 20 resident sleeping rooms containing at least 2 residents. This deficient practice could affect 22 residents.</p> <p>Findings include:</p>	K 9999	<p>properly.</p> <p>4. The Maintenance Director is responsible to check rooms on a monthly basis and document this check when completed. Maintenance Director will report on this item to QAPI for the next six months.</p> <p>K9999 1. A contractor has been hired to complete the work for 12 rooms (rooms 301, 302, 400, 401, 402, 403, 404, 405, 406, 410, 411 and 500) The scope of work is detailed in the quote from the contractor. see uploaded document, A summary involves moving an overbed light, installing another overbed light, installing privacy curtains rails and curtains; installing the necessary adapter so the call light can accommodate two call light cords.</p> <p>2. The residents to rooms 301, 302, 400, 401, 402, 403, 404, 405, 406, 410, 411 and 500 will be affected by this installations process. The contractor is planning to complete two rooms a day.</p> <p>3. A contractor has been hired to complete the work.</p>	09/03/2022

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	<p>Based on observations with the Maintenance Director, Administrator, and Admissions Admin on 08/03/22 between 9:30 a.m. and 10:30 a.m., resident sleeping rooms 400-406, 410, 411, 301, 302 were not equipped with the track and privacy curtains. Based on interview at the time of the observations, the Admissions Admin stated the track and privacy curtains were on order for the 11 rooms that are increasing from one bed to two beds.</p> <p>2) Based on observation and interview, the facility failed to provide access for nurse call lights in 11 of 20 resident sleeping rooms. This deficient practice could affect 11 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator, and Admissions Admin on 08/03/22 between 9:30 a.m. and 10:30 a.m., resident sleeping rooms 400-406, 410, 411, 301, 302 were equipped with only one nurses call button instead of two call buttons for rooms with two residents. Based on interview at the time of the observations, the Admissions Admin and Administrator stated there is only one nurses call button in the 11 rooms that are increasing from one bed to two beds.</p> <p>The findings were reviewed with the Maintenance Director, Administrator, and Admissions Admin during the exit conference.</p> <p>3.1-19(a)</p>		4. The maintenance director and administrator will verify work that is completed, rooms will be verified for compliance for two residents. The maintenance director will report progress on this item to QAPI until work is completed.	