

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 10/10/2023
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - PORTAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3175 LANCER ST PORTAGE, IN 46368
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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: 10/10/23</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Portage 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 186 certified beds. At the time of the survey, the census was 130.</p> <p>Quality Review completed on 10/12/23</p>	E 0000	The facility respectfully requests paper compliance/desk review.	
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: 10/10/23</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this Life Safety Code survey, Brickyard</p>	K 0000	The facility respectfully requests paper compliance/desk review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Latoya	Haggard AIT	10/27/2023

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 0222 SS=E Bldg. 01	<p>Healthcare - Portage Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483.90(a), Life Safety from Fire, the 2012 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The original building was built in approximately 1978 and the addition, which consisted of 300 Hall, was built in approximately 2005. The entire building was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility is fully protected by a 350 kW diesel emergency generator.</p> <p>The facility has a capacity of 186 dually certified for Medicare and Medicaid, and had a census of 130 at the time of this survey.</p> <p>Quality Review completed on 10/12/23</p> <p>NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall</p>			

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	<p>be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p><b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b></p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p><b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b></p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p><b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b></p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p>			

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	<p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 Based on observation and Interview, the facility failed to ensure 1 of 1 delayed egress locking arrangement was installed in accordance with LSC 7.2.1.6.1(3) which states an irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions:</p> <p>(a) The force shall not be required to exceed 15 lbf (67 N).</p> <p>(b) The force shall not be required to be continuously applied for more than 3 seconds.</p> <p>(c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening.</p> <p>(d) Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only. This deficient practice could affect approximately 20 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Assistant on 10/10/23 between 11:00 a.m. and 1:08 p.m., the emergency exit door leading out of the main dining room was</p>	K 0222	K 222: Door did not release for 15 second delayed egress function. P.L.C : BA Solution was hired on 10/12/2023 to repair the door. Upon their inspection they found a faulty magnet, the magnet was replaced, door tested, and working properly when tested. Tels automatically has a door audit posted on a weekly basis. Enclosed is a copy of door checks dating back to 7/17/2023. Upon request a copy of the scope of work from B A Solutions for work completed can be provided K tag will be reviewed in QAPI no less than quarterly in perpetuity.	10/12/2023
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K 0321 SS=E Bldg. 01	<p>equipped with a 15 second delayed egress function. When the exit door was tested, the irreversible process to release the lock was not initiated after testing three times. Based on interview at the time of observation, the Maintenance Assistant tried two times to activate the delay egress and stated the delayed egress is not working and will need to be fixed.</p> <p>The finding was reviewed with the Maintenance Assistant and the Administrator-in-training during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms</p>			

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	<p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 hazardous rooms were provided with a self-closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect approximately 15 staff and residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Assistant on 10/10/23 between 11:08 a.m. and 1:08 p.m., the storage room in the "Reflections unit" across from the pantry had numerous paper and cardboard boxes, over 50 square feet, but did not self-close into the frame due to the door not having closer installed. Based on interview at the time of observation, the Maintenance Assistant agreed that the door did not self-close and stated that the room normally does not have that much combustible material and is usually moved elsewhere in the building.</p> <p>This finding was reviewed with the Administrator-in-training and Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p>	K 0321	<p>K 321: Closet door needed self-closure due to size and material stored.</p> <p>P.L.C.: Upon inspection we found the door had 3 self-closing spring hinges installed but not properly adjusted. We adjusted the hinges, and the door closed as required. The door was tested multiple times with the same result. Completed on 10/12/2023 Tels automatically post an enclosure check every 12 months, all checks will be completed following the guideline's K tag will be reviewed in QAPI no less than quarterly in perpetuity</p>	10/12/2023

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K 0324 SS=E Bldg. 01	<p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on observation, record review and interview, the facility failed to maintain 1 of 1 kitchen commercial cooking equipment in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) as required by NFPA 101, Life Safety Code (2012), Section 9.2.3. NFPA 96, Section 10.2.6 states that automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and NFPA 17A(09), Standard for Wet Chemical Extinguishing Systems where applicable. This deficient practice could affect staff in the kitchen and approximately 20 residents who use the main</p>	K 0324	<p>K 324: Kitchen hood deficiencies noted. A contract was signed with Koorsen Fire and Security on 10/19/2023 for repairs to correct the deficiencies, repairs will be completed as soon as the parts arrive. Inspection was completed on 10/19/2023 by Safe Care, they were shown the contract for repairs, no other deficiencies noted.  Tels automatically post to a certified contractor to do an</p>	11/27/2023

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K 0351 SS=E Bldg. 01	<p>dining room.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Assistant on 10/10/23 between 9:25 a.m. and 11:25 a.m., The Kitchen Suppression System Inspection documentation dated 05/18/23 listed multiple deficiencies with the most recent kitchen suppression system inspection. The inspection company stated that "System Piping, conduit, and cable need replaced due to moisture and non-compliant nozzle types. Old style nozzles are mixed with current style. Piping penetrations need quick sealed. *Kitchen Range Hood shows sign of moisture/rust. Filters are rusting. Service quote to re-pipe system, conduit, and cable will be sent". Based on interview at the time of record review, the Maintenance Assistant stated that the Maintenance Director did contact the company and get quotes sent into the facility, but work has not been completed due to the approval of the work needed. The Maintenance Assistant further stated that he believed the nozzles had been replaced recently, but did not have any documentation to confirm if they had been replaced. The Maintenance Assistant agreed that the documentation provided had listed deficiencies.</p> <p>Findings were discussed with the Maintenance Assistant and Administrator-in-training at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING</p>		<p>inspection on the suppression system every 6 months.</p> <p>Enclosed is a copy of the past 2 inspections.</p> <p>K tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>	



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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 10 smoke compartments in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect approximately 2 staff and an unknown number of residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Assistant 10/10/23 between 11:08 a.m. and 1:08 p.m., in the Scheduler's office across from the pantry had missing sprinkler head escutcheon plate that did not completely cover the hole around the sprinkler that left an</p>	K 0351	<p>K 351: Missing escutcheon We installed a new escutcheon on 10/12/2023, secured tight to the ceiling.</p> <p>Inspection will be completed as instructed in the Tels task list. This k tag follows the guidelines in tag K353 in the instructions line 12</p> <p>K tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>	10/12/2023

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K 0353 SS=E Bldg. 01	<p>approximately 1-inch gap between the sprinkler head and ceiling. Based on interview at the time of observation, the Maintenance Assistant agreed the aforementioned area was missing an escutcheon plate.</p> <p>Findings were discussed with the Maintenance Assistant and Administrator-in-training at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 2 of 6 sprinkler heads in the ambulance/loading dock and 2 of 6 sprinkler heads in laundry were not loaded or covered with foreign material in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of</p>	K 0353	K 353: Two sprinkler heads in Laundry and two in the ambulance bay had dust and or debris from bird nest. The two heads in laundry were cleaned using compressed air and the two in the ambulance bay	10/13/2023

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K 0363 SS=D Bldg. 01	<p>corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff and up to 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 10/10/23 between 11:08 a.m. and 1:08 p.m. the following sprinkler heads were covered in dust or showed signs of loading,</p> <p>a) Two sprinkler heads in the ambulance/loading area had noticeable dirt and material covering sprinkler heads from a birds nest.</p> <p>b) Two sprinkler heads in the laundry room above the dryers were covered with dust and lint.</p> <p>Based on interview at the time of observation, the Maintenance Assistant confirmed the aforementioned sprinkler heads showed dirt accumulation and loading.</p> <p>Findings were discussed with the Maintenance Assistant and Administrator-in-training at exit conference.</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,</p>		<p>were cleaned by removing the bird nests and cleaning any debris that was on the heads. Cleaning completed on 10/13/2023.</p> <p>We will do an in-house inspection monthly following the guidelines posted in the Tels</p> <p>Enclosed is a copy of the last Fire alarm system inspection completed by Safe Care which is done on a Semi-Annual basis.</p> <p>Pictures enclosed</p> <p>K tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>	

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	<p>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 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 30 resident room corridor</p>	K 0363	K 363: Door not latching room 309.	10/13/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  10/10/2023
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - PORTAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368		
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	<p>doors on 300-wing were 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 approximately 2 residents in room 309.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant on 10/10/23 between 11:08 a.m. and 1:08 p.m., the corridor door to resident room 309 did not latch into the frame when tested three times. Based on interview at the time of observation, the Maintenance Assistant confirmed that the door did not completely latch into the frame and would need to be adjusted.</p> <p>The finding was reviewed with the Administrator-in-training and the Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p>		<p>The striker plate was trimmed down allowing the striker to latch properly. Tested multiple times with the door securing properly. Repairs completed on 10/13/2023 Door inspections will be completed on a monthly basis as instructed in the Tels task list. Inspection will be conducted following the guidelines within the task.</p> <p>K tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>		