

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

PRINTED: 12/14/2023

FORM APPROVED

OMB NO. 0938-039

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 11/28/2023
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/10/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 11/28/23</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this Life Safety Code PSR, Brickyard 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 128 at the time of this survey.</p>	K 0000	Facility is asking for a desk review for this Directed POC	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Latoya Haggard	TITLE AIT	(X6) DATE 12/12/2023
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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 0324 SS=E Bldg. 01	<p>Quality Review completed on 11/29/24</p> <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</p>	K 0324	<p>Directed Plan of Care The repairs to correct the deficiency were completed on 12/7/23 by Safe Care. Initial inspection was conducted by Safe Care at the time of installation. automatically posts a certified contractor to do an inspection of the suppression system every 6 months which will be conducted by our Maintenance Director.</p> <p>Enclosed is documentation of the</p>	12/07/2023
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	<p>deficient practice could affect staff in the kitchen and approximately 20 residents who use the main dining room.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 11/28/23 between 9:47 a.m. and 09:58 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 Director stated that the contracted company to do the work has most of the material to start the process, however a pull station, control panel and some of the suppression nozzles are still needed to make the repairs due to them being on backorder. The Maintenance Director further stated that everything has been paid and a working quote was obtained from the facility.</p> <p>Findings were discussed with the Maintenance Director and Maintenance Assistant at exit conference. This deficiency was cited on 10/10/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>work performed, a copy of the inspection and pictures of the new Ansul system.</p> <p>K tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>	