

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

PRINTED: 01/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155137		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/27/2022	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - VALPARAISO CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383			
(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
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: 12/27/22</p> <p>Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Valparaiso Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 85 and had a census of 76 at the time of this survey.</p> <p>Quality Review completed on 12/28/22</p>			E 0000	<p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed continuously improve the quality of care, and to comply with all applicable state and federal regulatory requirements.</p> <p>The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration.</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: 12/27/22</p> <p>Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400</p> <p>At this Life Safety Code survey, Brickyard Healthcare - Valparaiso Care Center was found not</p>			K 0000	<p>This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed continuously improve the quality of care, and to comply with all applicable state and federal</p>		

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

TITLE

(X6) DATE

Tiffany Sydow

Health Facility Administrator

01/08/2023

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 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 0355 SS=E Bldg. 01	<p>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 was determined to be of Type IV (2HH) construction and was fully sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridors, areas open to the corridors and battery-operated smoke detectors in all resident rooms. The facility has a capacity of 85 and had a census of 76 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 12/28/22</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 1. Based on observation and interview, the facility failed to ensure 1 of 2 portable fire extinguishers in the main dining room were not obstructed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.3 states portable fire extinguishers shall not be obstructed or obscured from view. This deficient practice could affect staff and residents in the area.</p>			K 0355	<p>regulatory requirements.</p> <p>The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration.</p> <p>div > p paraid="284154532" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{202}" >1</p> <p>p paraid="634220580" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{209}" >Initial Resident</p>		01/15/2023

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	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director and Administrator on 12/27/22 between 12:31 p.m. and 1:34 p.m., one ABC portable fire extinguisher located next to the emergency exit in the dining room was blocked by a wheelchair. Based on interview at the time of observation, the Administrator acknowledged the blocked fire extinguisher and removed the equipment.</p> <p>Findings were discussed with the Administrator and Maintenance Director at exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 15 portable fire extinguishers were properly identified and marked within the path of egress. NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.3.2 states portable fire extinguishers in large rooms and certain locations where visual obstructions cannot be completely avoided, means shall be provided to indicate the extinguisher location by use of arrows, lights, signs, or coding of the wall or column. This deficient practice could affect all staff located in the basement.</p> <p>Based on observation during a tour of the facility with the Maintenance Director and Administrator on 12/27/22 between 12:31 p.m. and 1:34 p.m., an ABC extinguisher in the Dry Storage Room and Mechanical Room in the basement did not have proper signage on doors to indicate a fire extinguisher was located inside when shut. Based on interview, the Maintenance Director stated that doors would be closed when not occupied and concurred identifying locations would be</p>				<p>p paraid="253872244" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{216}" >All identified Fire Extinguishers and their areas were cleared of any obstructions. All identified Fire Extinguishers behind closed doors were marked with proper signage, indicative of a fire extinguisher(s) inside when door shut.</p> <p>div > p paraid="777446666" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{224}" >2</p> <p>p paraid="404177523" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{231}" >Other Residents</p> <p>p paraid="1479546077" paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{238}" >The deficient practice has the potential to affect residents/staff in the service hall/areas. An audit was completed of all fire extinguishers in the facility to check for compliance with regulation. No other deficient practices noted. No residents/staff affected from deficient practice.</p>		

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	obstructed. Findings were discussed with the Administrator and Maintenance Director at exit conference.		<div>div ></div> <div>p paraid="900098539"</div> <div>paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{248}" >3</div> <div></div> <div>p paraid="1591496038"</div> <div>paraeid="{6e47cda8-6c25-405a-8397-1b57965957bb}{255}"</div> <div>>Education</div> <div></div> <div>p paraid="543557782"</div> <div>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{7}" >ED/designee</div> <div>in- Maintenance Director on Fire</div> <div>Extinguisher policy/regulation.</div> <div>ED/designee will complete random</div> <div>audits to ensure extinguishers and</div> <div>the surrounding areas are</div> <div>unobstructed, as well as clearly</div> <div>marked with proper signage.</div> <div>These audits will be 3 times a</div> <div>week x 30 days, then weekly x 30</div> <div>days, then monthly time 4</div> <div>months.</div> <div></div> <div>div ></div> <div>p paraid="118754804"</div> <div>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{15}" >4</div> <div></div> <div>p paraid="1344687855"</div> <div>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{22}" >Monitoring</div> <div></div> <div>p paraid="1516735002"</div>		

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K 0918 SS=F Bldg. 01	<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 switches are performed in accordance with NFPA 110. 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</p>				<p>paraeid="{b8e7498f-f2c7-4f60-ad60 -98fdf010f2e2}{29}" >Results of these audits and life safety binder to be brought to QAPI x 6 months to monitor for compliance. If any issues are identified, will then continue audits based on IDT recommendations, otherwise, we will review on an as needed basis.</p>		

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	<p>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. 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 the continuing reliability and integrity of 1 of 1 emergency generators. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Administrator and Maintenance Director on 12/27/22 between 10:00 a.m. and 12:29 p.m., the Generator Maintenance Report from 11/4/22 stated the emergency generator recommended replacement of block heater hoses and coolant for preventative maintenance due to signs of aging. Generator report states the generator is operable at time of maintenance. During interview with the Administrator and Maintenance Director, they stated they were aware of the report and had an expired quote, but had not scheduled service yet.</p> <p>The finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>		K 0918	<p>p="" paraid="1990345998" paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{75}">1</p> <p>p="" paraid="891936684" paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{82}">Initial Resident</p> <p>p="" paraid="1792887828" paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{89}">The identified quote, with suggestive recommendation, was scheduled for repairs to begin.</p> <p>p="" paraid="374383009" paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{95}">2</p> <p>p="" paraid="915439849" paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{102}">Other Residents</p> <p>p="" paraid="1021718224" paraeid="{ab9ef908-824f-4cba-80e1-b4047c6309e9}{233}">The deficient practice has the potential to affect residents/staff in event of emergent necessity, and failure of suggested repair of said part(s). Due to no emergency implemented and no failure of part, no residents/staff affected from</p>		01/15/2023	

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			<p>deficient practice.</p> <p>p="" paraid="618052570"</p> <p>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{115}">3</p> <p>p="" paraid="1263697565"</p> <p>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{122}">Education</p> <p>p="" paraid="914807343"</p> <p>paraeid="{ec398de1-a7ef-482e-a1b-e-a74c2e89b47a}{84}">ED/designee in-</p> <p>Maintenance Director</p> <p>on Emergency Power and</p> <p>Generator</p> <p>Testing policy/regulation.</p> <p>ED/designee will complete random</p> <p>audits to ensure generator service</p> <p>inspections are reviewed and</p> <p>recommendation/suggestions are</p> <p>followed up on. These audits will</p> <p>be weekly x 30 days, then</p> <p>monthly x 5 months.</p> <p>p="" paraid="1713675269"</p> <p>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{135}">4</p> <p>p="" paraid="203727778"</p> <p>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{142}">Monitoring</p> <p>p="" paraid="465029555"</p> <p>paraeid="{b8e7498f-f2c7-4f60-ad60-98fdf010f2e2}{149}">Results of</p> <p>these audits and life safety binder</p> <p>to be brought to QAPI x 6 months</p> <p>to monitor for compliance. If any</p> <p>issues are identified, will then</p> <p>continue audits based on IDT</p> <p>recommendations, otherwise, we</p> <p>will review on an as needed basis.</p> <p>div="">div="">div="">div=""></p>		