

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

PRINTED: 12/11/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155503		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 11/25/2024	
NAME OF PROVIDER OR SUPPLIER HUTSONWOOD AT BRAZIL				STREET ADDRESS, CITY, STATE, ZIP COD 501 S MURPHY AVE BRAZIL, IN 47834			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Dates: 11/25/24</p> <p>Facility Number: 000514 Provider Number: 155503 AIM Number: 100266800</p> <p>At this Emergency Preparedness survey, Hutsonwood at Brazil was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has a capacity of 105 certified beds and had a census of 65 at the time of this visit.</p> <p>Quality Review completed on 11/27/24</p>			E 0000	<p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Life safety Annual Survey Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>Dear Ms. Buroker, On Nov 25,2024 life safety survey (DDPX21) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.</p> <p>Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of 12/10/2024.</p> <p>Please feel free to call me with any further questions at 1 (812) 446-2636.</p>		

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

TITLE

(X6) DATE

Manoj Berry

Executive Director

12/09/2024

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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E 0041 SS=C Bldg. --	<p>482.15(e), 483.73(e), 485.542(e), 485.62 Hospital CAH and LTC Emergency Power</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Findings include:</p> <p>Based on records review of 'Test Generator Under Load' with the Maintenance Director and Executive Director on 11/25/24 at 12:31 p.m., the generator set in service was exercised less than 30 minutes for one of the last twelve months. The generator was ran under load for 20 minutes for the month of July 2024. Based on interview at the time of record review, the Maintenance Director agreed that the monthly load testing documentation provided for July 2024 showed the generator did not run for the required 30 minutes.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p>			E 0041	<p>Respectfully submitted, Manoj Berry (Executive Director) Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>E 041 Emergency Power The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: No residents were found to be affected by this alleged deficiency. 2) How the facility identified with other residents: Visitors, staff and residents that reside in the community have the potential to be affected by the alleged deficient practice. No one was affected. The Maintenance Director and Maintenance personnel were educated by the Executive</p>		12/10/2024

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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 Dates: 11/25/24</p> <p>Facility Number: 000514 Provider Number: 155503 AIM Number: 100266800</p>	K 0000	<p>Director on the emergency power system inspection, testing and maintenance requirements to ensure the generator is run for required load testing. 3) Measures put into place/ System changes: The ED/Designee will review the monthly generator load test to ensure load is ran for the required 30 minutes. 4) How the corrective actions will be monitored: The Executive Director will review the Preventative Maintenance Worksheets monthly. The results of these audits will be reviewed in the Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. 5) Date of compliance: 12/10/2024.</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Life safety Annual Survey Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p>		

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K 0918 SS=C Bldg. 01	<p>At this Life Safety Code survey, Hutsonwood at Brazil was found in substantial 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 105 and had a census of 65 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, except one detached garage used as a maintenance shop and one small wood shed used for facility storage.</p> <p>Quality Review completed on 11/27/24</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of the last 12</p>			K 0918	<p>Dear Ms. Buroker,</p> <p>On Nov 25,2024 life safety survey (DDPX21) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.</p> <p>Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of 12/10/2024.</p> <p>Please feel free to call me with any further questions at 1 (812) 446-2636.</p> <p>Respectfully submitted, Manoj Berry (Executive Director) Hutsonwood at Brazil 501 S Murphy Ave Brazil, IN 47834-0130</p> <p>K 918 Electrical systems The facility requests paper compliance for this citation. This</p>		12/10/2024

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	<p>months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2.4 requires spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review of 'Test Generator Under Load' with the Maintenance Director and Executive Director on 11/25/24 at 12:31 p.m., the generator set in service was exercised less than 30 minutes for one of the last twelve months. The generator was ran under load for 20 minutes for the month of July 2024. Based on interview at the time of record review, the Maintenance Director agreed that the monthly load testing documentation provided for July 2024 showed the generator did not run for the required 30 minutes.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.1)Immediate actions taken for those residents identified:No residents were found to be affected by this alleged deficiency.2) How the facility identified with other residents:Visitors, staff and residents that reside in the community have the potential to be affected by the alleged deficient practice. No one was affected. The Maintenance Director and Maintenance personnel were educated by the Executive Director on essential electric system maintenance and testing to ensure the generator is ran under load for the required 30 minutes. 3) Measures put into place/ System changes:The ED/Designee will review the monthly generator load test which is completed for 30 minutes monthly x 6 months to ensure compliance. 4)How the corrective actions will be monitored:The Executive Director will review the Preventative Maintenance</p>		

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					Worksheets monthly. The results of these audits will be reviewed in the Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.5) Date of compliance:12/10/2024.		