

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

PRINTED: 04/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155703		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/27/2024	
NAME OF PROVIDER OR SUPPLIER BROOKSIDE VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP COD 1111 CHURCH AVE JASPER, IN 47546			
(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 Date: 03/27/2024</p> <p>Facility Number: 003240 Provider Number: 155703 AIM Number: 201274720</p> <p>At this Emergency Preparedness survey, Brookside Village Inc. 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 a capacity of 27 certified beds and had a census of 27 at the time of this visit.</p> <p>Quality Review completed on 04/03/24</p>			E 0000			
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: 03/27/2024</p> <p>Facility Number: 003240 Provider Number: 155703 AIM Number: 201274720</p> <p>At this Life Safety Code survey, Brookside Village Inc. was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

Melissa Joffee

RN, HFA

04/22/2024

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 30 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 0345 SS=C Bldg. 01	<p>Requirements for Participation in Medicare, 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors connected to the fire alarm control panel in the corridors, spaces open to the corridors, and all eight resident sleeping rooms on the 200 hall, plus hard wired single station smoke detectors with battery back up in all ten resident rooms in the 300 hall. The facility has a capacity of 27 and had a census of 27 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 shed used for facility storage.</p> <p>Quality Review completed on 04/03/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on observation and interview, the facility</p>			K 0345	I. The corrective actions to be		04/12/2024

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	<p>failed to maintain the fire alarm system to assure that it had accurate time information in accordance with the requirements of NFPA 101- 2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm control panel on 03/27/2024 at 12:29 PM with the Maintenance Director, the time on the fire control panel was incorrect. The display on the main fire alarm control panel indicated the time to be 11:29 AM. Based on interview at the time of observation, the Maintenance Director agreed the wrong time was displayed.</p> <p>This finding was reviewed with the Maintenance Director and Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that the fire panel had the correct time on it. The Maintenance Supervisor called Safecare and they walked him through how to reprogram it. See attached picture showing the correct time and date.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- A new semi annual TELS task has been added to inspect the fire panel to ensure the time and date are correct. See attached TELS Task labeled "Fire Panel Inspection".</p> <p>IV The facility will monitor</p>		

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K 0353 SS=F Bldg. 01	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. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source 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 record review, observation and interview, the facility failed ensure 1 of 1 backflow prevention device in the sprinkler system piping was maintained in accordance with NFPA 25.			K 0353	the corrective action by implementing the following measures. CarDon Corporate Facilities will ensure that the fire panel has the correct time and date during their annual CQR. V. Plan of Correction completion date. Plan of Completion date is April 12, 2024. I. The corrective actions to be accomplished for those residents found to have been affected by the deficient		04/18/2024

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	<p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.6.2.1 states all backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 03/27/2024 between 8:30 AM and 12:45 PM, a Work Performed report from SafeCare dated 11/20/2023 noted "Send a quote to replace the domestic water line backflow. Zurn willkins 350DA SN:30767. This is an illegal install because it is a DC, and only RPs are allowed to be on domestic water lines. DCs only provide protection to what is considered as 'low hazard' & a domestic water line is to be considered 'high hazard'."</p> <p>Based on interview at the time of record review, the Maintenance Director stated to his knowledge this had not been remedied, but was able to receive a quote to get the correct backflow installed.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>practice.</p> <p>Observation A- The Community failed to ensure that the domestic backflow was compliant. The current one installed is a DC and not a RPZ. The Maintenance Supervisor has contracted with Complete Mechanical to replace the existing domestic backflow. See attached picture showing the new domestic backflow installed.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is no follow up action items because this is a permanent resolution to the issue.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p>		

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K 0918 SS=F Bldg. 01	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				Observation A- There is no follow up action items because this is a permanent resolution to the issue. V. Plan of Correction completion date. Plan of Completion date is April 18, 2024.		

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	<p>program for periodically exercising the components is established according to 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, observation, and interview; the facility failed to document 36-month period emergency generator testing for 1 of 1 emergency generators in accordance with NFPA 99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. Section 8.4.9.5.3 states for spark-ignited EPS's, loading shall be the available EPSS load. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance</p>			K 0918	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that every 36 month 4 hour generator run test was completed with the building power transferred and documented correctly. The Maintenance Supervisor has run the generator for 4 hours with the building power transferred. See attach document showing the hours and generator information.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p>		04/15/2024

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	<p>Director on 03/27/2024 between 8:30 AM and 11:45 AM, thirty-six-month period emergency generator testing documentation for four continuous hours fired emergency generator was not available for review. Based on interview at the time of record review, the Maintenance Director stated he had completed a 4 hour run test not under load, however he had not completed a 4 hour load test.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is currently a 36 month TELS task to run the generator for 4 hours every 36 months. See attached TELS Task labeled "Brookside Generator TELS Run Task".</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will audit all generator TELS tasks and run documentation during their annual CQR to ensure it is compliant.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is April 15, 2024.</p>		