

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155686	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - KNOX CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 300 E CULVER RD KNOX, IN 46534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 09/28/23</p> <p>Facility Number: 000088 Provider Number: 155686 AIM Number: 100289260</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Knox 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 57 certified beds. At the time of the survey, the census was 45.</p> <p>Quality Review completed on 10/02/23</p>	E 0000	<p>Preparation, submission and implementation of this Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements. Please consider allowing the submission of living center documents as evidence of compliance with the state and federal requirements identified in the survey. We are requesting a Desk Review for this citation.</p> <p>Respectfully Submitted by Jerrell Harville HFA</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: 09/28/23</p> <p>Facility Number: 000088 Provider Number: 155686 AIM Number: 100289260</p> <p>At this Life Safety Code survey, Brickyard</p>	K 0000	<p>Preparation, submission and implementation of this Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements. Please consider allowing the submission of living center documents as evidence of compliance with the state and</p>	

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

TITLE

(X6) DATE

Jerrell Harville

Executive Director

10/13/2023

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 0522 SS=E Bldg. 01	<p>Healthcare - Knox Care Center was found not 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 III (211) construction and was fully sprinklered. The facility has a monitored fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and resident sleeping rooms contained battery-operated smoke detectors. The facility has a capacity of 57 and had a census of 45 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 10/02/23</p> <p>NFPA 101</p> <p>HVAC - Any Heating Device</p> <p>HVAC - Any Heating Device</p> <p>Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also:</p> <ul style="list-style-type: none"> * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. <p>19.5.2.2</p> <p>Based on observation and interview, the facility</p>	K 0522	<p>federal requirements identified in the survey. We are requesting a Desk Review for this citation.</p> <p>Respectfully Submitted by Jerrell Harville HFA</p>	10/19/2023

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	<p>failed to ensure 1 of 1 boiler rooms were provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 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 Director on 09/28/23 between 11:30 a.m. and 12:48 p.m., the boiler room had fuel-fired water heater with a fresh air intake. A fan designated for ventilation was not plugged in, not running or providing adequate ventilation. Furthermore, a vent on the opposite side of the room was closed. This condition does not allow for fresh air to completely enter the room. Based on an interview at the time of observation, the Maintenance Director stated both vents open up when the fan is plugged in which operates the louvers of the vents, but only plugs it in when doing work inside the room and is not continuously open or running.</p> <p>Findings were discussed with the Maintenance Director at exit conference.</p> <p>3.1-19(b)</p>		<p>being directly affected by this deficiency. An 8 inch open fresh air intake pipe was installed to allow fresh air circulation/intake to meet this regulation.</p> <p>2. All Residents and staff are potentially affected by this deficient practice. An 8 inch open fresh air intake pipe was installed to allow fresh air circulation/intake to meet this regulation. 3. Maintenance director will audit areas identified to ensure they are provided with intake combustion air from the outside for rooms containing fuel fired equipment for compliance quarterly X 6 months. Any deficiencies will be fixed at of identification.4. Maintenance director will present findings of his audits quarterly x 6 months to the Quality Assurance Performance Improvement.5. Identified deficiencies will be rectified by 10/19/23</p>	