

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

PRINTED: 12/19/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155109		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 12/01/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - TWELFTH STREET CARE CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 811 E 12TH STREET MISHAWAKA, IN 46544			
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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 10/19/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 12/01/23</p> <p>Facility Number: 000045 Provider Number: 155109 AIM Number: 100291400</p> <p>At this Life Safety Code PSR, Brickyard Healthcare - Twelfth Street 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>The one-story facility constructed in 1965 and 1966 was determined to be of Type IV (2HH) construction and fully sprinklered. The 1986 one story therapy addition was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and in spaces open to the corridors. Battery powered smoke detectors are provided all resident sleeping rooms. The building is fully protected by a 100-kW diesel powered generator. The facility has a capacity of 87 and had a census of 60 at the time of the survey.</p> <p>All areas where the residents have customary</p>			K 0000	<p>Brickyard 12th St Care Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>Directed Plan of Correction we respectfully request desk review.</p>		

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

TITLE

(X6) DATE

Amber Rodriguez

Administrator

12/15/2023

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 0353 SS=E Bldg. 01	<p>access were sprinklered. All areas providing facility services were sprinklered, except an unsprinklered garage and storage shed.</p> <p>Quality Review completed on 12/01/23</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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 observation and interview, the facility failed to replace 7 of 7 sprinkler heads in areas with moisture in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the</p>			K 0353	<p>Brickyard 12th St Care Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. Directed Plan of Correction</p> <p>K353 Sprinkler System Maintenance and Testing</p>		12/15/2023

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	<p>sprinkler manufacturer. This deficient practice could affect approximately 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 12/01/23 between 09:32 a.m. and 10:13 a.m. the sprinkler heads in the courtyard near station two hall showed signs of corrosion and greening. Based on interview at the time of observation, the Maintenance Director confirmed that the sprinkler heads showed signs of corrosion. A quote and work receipt was obtained from the facility stating that the sprinkler heads were on order and in the process of being obtained. The Maintenance Director further stated that they should have sprinkler heads soon as a 4 to 6 week time frame was given until they had the sprinkler heads.</p> <p>Findings were discussed with the Maintenance Director at exit conference. This deficiency was cited on 10/19/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p>				<p>(Corroded Sprinkler heads)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Mechanical Room and Kitchen freezer sprinkler heads cleaned and sprinkler heads in courtyard have been serviced and Temporary Sprinkler heads installed and are fully functional in accordance with the NFPA 25 Standards. No ill effect due to alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current residents and staff have the potential to be affected by this alleged deficient practice. Audit completed of all sprinkler heads to ensure they are free from buildup and dust.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>Maintenance Director was educated on sprinkler maintenance and standards.</p> <p>Maintenance Director/Designee will audit sprinkler heads quarterly to ensure they are clean and free of debris or</p>		

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K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in		corrosion are fully functional. Audits will include all units. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Maintenance Director/designee will complete audit tool to ensure the sprinklers are free from corrosion and debris and are fully functional and operates as designed and is maintained in accordance with NFPA 25 standard for inspections. The Maintenance Director/Designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue. Date of compliance 12/15/23		

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	<p>service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 ground fault circuit interrupter (GFCI) was properly maintained for protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8. This deficient practice could affect approximately 6 residents and staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/01/23 between 09:32 a.m. and 10:13 a.m., the GFCI electric receptacles in the shower rooms of Station one and Station two were tested with a GFCI tester. When tested, the GFCI receptacles failed to trip and did not break the electrical circuit. The GFCI tester indicated that both outlets had "open ground". Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned issue and stated he would look into why they weren't operating correctly. The Maintenance Director got in contact with an electric company and is going to schedule an appointment to fix the GFCI's.</p> <p>Findings were discussed with the Maintenance Director at exit conference. This deficiency was cited on 10/19/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p>		K 0511	<p>Brickyard 12th St Care Center please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>Directed Plan of Correction K511 -Utilities-Gas and Electric (GFCI)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>GFCI (Ground fault circuit interrupter) receptacles in showers one and two were replaced and trip appropriately when tested. No ill effect due to alleged deficient practice.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current residents and staff have the potential to be affected by this alleged deficient practice. Audit completed of all GFCI's in house to ensure that they're all in working condition.</p> <p>What measures will be put into</p>		12/15/2023	

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			<p>place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>Maintenance Director was educated that all areas in the building that require GFCI's are to be in working condition.</p> <p>Maintenance Director/Designee will audit random GFCI's within the building monthly x 6 months to ensure they're in working condition.</p> <p>Audits will include all units.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director/Designee will complete audit tool to ensure that areas of the building that contain GFCI receptacles are functioning properly and maintained in accordance with the NFPA 25 standard for inspection.</p> <p>The Maintenance Director/Designee will present the summaries of the audits to the Quality Assurance committee monthly for six months.</p> <p>Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue.</p> <p>Date of compliance</p>		

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