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

PRINTED: 09/04/2024 FORM APPROVED OMB NO. 0938-0391

| REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAYE | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL ⁻ A. BUILDI | IPLE CONSTRUCTION NG 01 | | | |
|---|---|---|--|------------------------------------|-----------------------------------|---|-------|------------|
| BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER BRICKYARD HEALTHCARE - WOODBRIDGE CARE CENTER SUMMARY STATEMENT DE DEFICIENCIES SUMMARY STATEMENT DE DEFICIENCIES (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance with 42 CPR 48-90(a). Survey Dates: 09/03/24 Facility Number: 155390 AIM Number: 100274170 At this PSR to the Life Safety Code survey, Britckyard Healthcare - Woodbridge Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CPR Subpart 48-3 09(a), 11Le Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 162. This facility consists of two buildings connected in the center. The east portion of the facility contains the 300 and 200 units and was two stories with a basement. Both buildings were determined to be of Type III (222) construction and were fully sprinklered. The facility constinis the 100 and 200 units and was two stories with a basement. Both buildings were determined to be of Type III (222) construction and were fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 67 and had a census of 48 at the time of this survey. | | | 155390 | 155390 B. WING | | | | |
| EVANSVILLE, IN 47710 CAN DEPARTMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PRIEFIX TAGE CROSS-REFERENCED TO THE APPROPRIATE DOMELTING CROSS-REFERENCED TO THE APPROPRIATE DOMELTING CROSS-REFERENCED TO THE APPROPRIATE DOMELTING | NAME OF PR | ROVIDER OR SUPPLIER | | 1 | STR | REET ADDRESS, CITY, STATE, ZIP CODE | 1 00. | |
| SUMMARY STATEMENT OF DEFICIENCIES DEPRIVERS FLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO APPROPRIATE DEFICIENCY) (K 000) INITIAL COMMENTS (K 000) A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07731/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Dates: 09/03/24 Facility Number: 100274170 At this PSR to the Life Safety Code survey, Brickyard Healthcare - Woodbridge Care Center was found 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. This facility consists of two buildings connected in the center. The east portion of the facility contains the 300 Unit and was one story with a basement. Both buildings were determined to be of Type II (222) construction and were fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 67 and had a census of 48 at the time of this survey. | | | | | 816 | N FIRST AVE | | |
| PREFIX TAG | BRICKYAI | RD HEALTHCARE - WOO | DDBRIDGE CARE CENTER | | EVA | ANSVILLE, IN 47710 | | |
| A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483-90(a). Survey Dates: 09/03/24 Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170 At this PSR to the Life Safety Code survey, Brickyard Healthcare - Woodbridge Care Center was found 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. This facility consists of two buildings connected in the center. The east portion of the facility contains the 300 Unit and was one story with a basement. The west portion of the facility contains the 100 and 200 Units and was two stories with a basement. Both buildings were determined to be of Type II (222) construction and were fully spirinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 67 and had a census of 48 at the time of this survey. | PRÉFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREFI | х | (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA | | COMPLETION |
| Code Recertification and State Licensure Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Dates: 09/03/24 Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170 At this PSR to the Life Safety Code survey, Brickyard HealthcareWoodbridge Care Center was found 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. This facility consists of two buildings connected in the center. The east portion of the facility contains the 1300 Unit and was one story with a basement. The west portion of the facility contains the 1300 and 200 Units and was two stories with a basement. Both buildings were determined to be of Type II (222) construction and were fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 67 and had a census of 48 at the time of this survey. | {K 000} | 0} INITIAL COMMENTS | | {K 0 | 000} | | | |
| resident sleeping rooms. The facility has a capacity of 67 and had a census of 48 at the time of this survey. | | Code Recertification conducted on 07/31/2 Indiana Department of 42 CFR 483.90(a). Survey Dates: 09/03 Facility Number: 0000 Provider Number: 15 AIM Number: 10027. At this PSR to the Lift Brickyard Healthcare was found in complia Participation in Medic Subpart 483.90(a), Li 2012 edition of the Nassociation (NFPA) 1 Chapter 19, Existing and 410 IAC 16.2. This facility consists of the center. The east contains the 300 Unit basement. The west contains the 100 and stories with a basemed determined to be of T and were fully sprinkl alarm system with has the corridors and spare | and State Licensure Survey 24 was conducted by the of Health in accordance with /24 /438 /5390 4170 e Safety Code survey, -Woodbridge Care Center nce with Requirements for care/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC), Health Care Occupancies of two buildings connected in portion of the facility and was one story with a portion of the facility 200 Units and was two ent. Both buildings were fype II (222) construction ered. The facility has a fire rd wired smoke detectors in ces open to the corridors, | | | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE | LABORATORY | resident sleeping roo capacity of 67 and ha of this survey. | ms. The facility has a ad a census of 48 at the time | | | TITLE | | (VS) DATE |

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 90 days 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 14 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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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDIN | IPLE CONSTRUCTION IG 01 | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---------------------|---|----------|-------------------------------|--|
| | | 155390 | B. WING _ | | | R 09/03/2024 | |
| | ROVIDER OR SUPPLIER | ODBRIDGE CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710 | | 03/03/2024 | |
| (X4) ID PREFIX TAG | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| {K 000} | All areas where resid were sprinklered and services were sprinkl | ents have customary access all areas providing facility ered, except, a detached ached metal pod both used | {K 00 | 00} | | | |