

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

PRINTED: 10/09/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155187		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/16/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - PORTAGE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3175 LANCER ST PORTAGE, IN 46368			
(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: 09/16/24</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Portage 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 186 certified beds. At the time of the survey, the census was 142.</p> <p>Quality Review completed on 09/17/24</p>			E 0000	Facility is requesting desk review/paper compliance.		
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: 09/16/24</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this Life Safety Code survey, Brickyard</p>			K 0000	Facility is requesting desk review/paper compliance.		

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

TITLE

(X6) DATE

Latoya Haggard

Executive Director

09/30/2024

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 0353 SS=E Bldg. 01	<p>Healthcare - Portage Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483.90(a), Life Safety from Fire, the 2012 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The original building was built in approximately 1978 and the addition, which consisted of 300 Hall, was built in approximately 2005. The entire building was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility is fully protected by a 350 kW diesel emergency generator.</p> <p>The facility has a capacity of 186 dually certified for Medicare and Medicaid, and had a census of 130 at the time of this survey.</p> <p>Quality Review completed on 09/17/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 training/classroom office. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect approximately 10 staff and an unknown number of residents.</p>			K 0353	<p>K353: One pendant sprinkler head had an approx. one-half inch gap in diameter.</p> <p>A new escutcheon ring was installed on 9/18/24, secured tight to the ceiling. No residents or staff were identified to be affected.</p>		10/01/2024

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K 0920 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Executive Director on 09/13/24 between 11:36 a.m. and 1:27 p.m., in the training room/classroom, within the service hall, contained one pendant sprinkler head which had a gap around the sprinkler head which measured approximately one-half inches in diameter between the sprinkler head and the drop ceiling. Based on interview at the time of observation, the Maintenance Director confirmed the gap in the ceiling and further stated that he would seal up the penetration.</p> <p>This finding was discussed with the Maintenance Director and Executive Director at exit conference.</p> <p>3.1-19(b)</p>		K 0920	<p>Inspection will be completed as instructed in the Tels task list.</p> <p>We will do an in-house inspection monthly following the guidelines posted in the Tels.</p> <p>Enclosed is a picture of the completed task</p> <p>This tag will be reviewed in QAPI no less than quarterly in perpetuity.</p>		10/01/2024	
	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 8 staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director and Executive Director on 09/13/24 between 11:36 a.m. and 1:27 p.m., a refrigerator (high power draw equipment) and microwave (high draw power) were plugged</p>			<p>K920: Refrigerator and microwave were plugged into and supplied power by a power strip in the employee breakroom.</p> <p>Maintenance Director removed power strip immediately upon observation by surveyor. No residents or staff were identified to be affected.</p> <p>Inspection will be completed as instructed in the Tels task list.</p>			

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K 0927 SS=E Bldg. 01	<p>into and supplied power by a power strip in the employee breakroom. Based on interview at the time of observation, the Maintenance Director confirmed that the two appliances were plugged into a medical grade power strip. The power strip was removed upon observation.</p> <p>The finding was discussed with the Maintenance Director and Executive Director at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Transfilling Cylinders</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 oxygen storage room where oxygen transferring takes place, was provided with properly working mechanical ventilation. NFPA 99 2012 edition, 11.5.2.3.1 (2) requires oxygen transfilling rooms to be mechanically ventilated. Section 9.3.7.5.3.1 requires mechanical exhaust to maintain a negative pressure in the space continuously. This deficient practice could affect approximately 30 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility the Maintenance Director and Executive Director on 09/13/24 between 11:36 a.m. and 1:27 p.m., the oxygen storage/transfilling room in C-wing, near the nurses station, was provided with a vent with a fan. When placing a paper up to the vent to test functionality, the fan was observed to not be working. Based on interview at the time of observation, the Maintenance Director acknowledged the issue with the fan and further</p>			K 0927	<p>We will do an in-house inspection monthly following the guidelines posted in the Tels</p> <p>Enclosed is a picture of the completed task.</p> <p>This tag will be reviewed in QAPI no less than quarterly in perpetuity</p> <p>K927: Oxygen storage room on Cwing mechanical ventilation was not properly working.</p> <p>The circuit breaker was reset and now mechanical ventilation is working properly. No residents or staff were identified to be affected.</p> <p>Inspection will be completed as instructed in the Tels task list.</p> <p>We will do an in-house inspection monthly following the guidelines posted in the Tels</p>		10/01/2024

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	stated that the motor for the fan could be burned out, but would further investigate the issue. The finding was discussed with the Maintenance Director and Executive Director at exit conference. 3.1-19(b)				Enclosed is a picture of the completed task. This tag will be reviewed in QAPI no less than quarterly in perpetuity.		