

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

PRINTED: 05/30/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155062		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 05/08/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - LAPORTE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1700 I STREET LA PORTE, IN 46350			
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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: 05/08/2025</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare - Laporte 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 87 certified beds. At the time of the survey, the census was 62.</p> <p>Quality Review completed on 05/12/25</p>			E 0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>The facility requests paper compliance for the following citations.</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: 05/08/2025</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>At this Life Safety Code survey, Brickyard</p>			K 0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

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

TITLE

(X6) DATE

Angela Pazera

Executive Director

05/23/2025

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 0291 SS=F Bldg. 01	<p>Healthcare - Laporte 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.</p> <p>This one-story facility with a partial basement was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with hardwire smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The building is partially protected by a 125-kW diesel-powered generator. The facility has a capacity of 87 and had a census of 62 at the time of this survey.</p> <p>Quality Review completed on 05/12/25</p> <p>NFPA 101 Emergency Lighting</p> <p>Based on record review, interview and observation, the facility failed to ensure emergency battery backup lights were tested monthly for 30 seconds and annually for 1 1/2 hours to ensure the light would provide lighting during periods of power outages. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p>			K 0291	<p>The facility requests paper compliance for the following citations.</p> <p>1. Corrective actions taken for those residents found to have been affected by the deficient practice.</p> <p>Emergency lighting was placed in an itemized list and tested for 30 seconds, and then tested for 90 minutes and documented.</p> <p>2. How the facility identified other residents having the potential to be affected by the same deficient practice and the corrective actions taken.</p>		06/12/2025

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K 0511 SS=F Bldg. 01	<p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Director at 11:30 a.m., 12:08 p.m., 12:58 p.m. and 1:42 p.m. on 05/08/2025, emergency battery backup lights were located in the "C" hall, "B" hall, "C" hall and basement. Based on record review at 9:30 a.m. on 05/08/2025 a document indicated emergency lights were tested monthly on each of the halls; however, the document did not itemize the lights, how many lights or the location other than the hall. Furthermore, there was no documentation of a 1 ½ hour annual test of the lights. Based on interview, the Maintenance Director stated that every third light in the facility was supplied power by the emergency generator and acknowledged the emergency battery backup lights were not itemized and could not be identified by the documentation as to which lights were tested, he also acknowledged that no documentation of a 1 ½ hour annual test was available.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>1.) Based on observation and interview, the facility failed to ensure all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be</p>			K 0511	<p>All residents have potential to be affected by the alleged deficient practice.</p> <p>3 Measures put into place/system changes.</p> <p>A task has been added to tels with each location to test emergency battery backup lighting for 30 minutes each month and another task was added to test the emergency battery backup lighting for 90 minutes each year.</p> <p>4. How the corrective actions will be monitored..</p> <p>Maintenance will report to QAPI no less than quarterly in perpetuity regarding the life safety issues.</p> <p>Date of Compliance: June 12, 2025</p> <p>1. Corrective actions taken for those residents found to have been affected by the deficient practice.</p>		06/12/2025

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	<p>enclosed as specified in 230.62(A) or guarded as specified in 230.62(B).</p> <p>(A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B).</p> <p>(B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect residents, staff and visitors in the "A" hall.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Director at 12:52 p.m. on 05/08/2025, an electrical panel in the "A" Hall next to resident room 7 was unlocked when tested. Based on interview at 12:52 p.m. on 05/08/2025, the Executive Director and Maintenance Director acknowledged the electrical panel was unlocked.</p> <p>2.) Based on observation and interview, the facility failed to ensure electrical receptacles were provided with ground fault circuit interrupter (GFCI) protection against electric shock in 3 of 6 smoke compartments. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. 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(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p>				<p>All electrical panels were locked to prevent unauthorized access in the hallways.</p> <p>All GFCI's listed were tested and replaced or removed and covered with a blank plate where they are not needed in the following areas: C wing shower room, activities restroom, beauty shop in the basement. Replaced GFCI's were re-tested to ensure proper operation. The B wing wound nurse's receptacle cover was replaced behind the desk.</p> <p>2. How the facility identified other residents having the potential to be affected by the same deficient practice and the corrective actions taken.</p> <p>This alleged deficient practice could affect the residents in these areas.</p> <p>3 Measures put into place/system changes.</p> <p>A weekly TELS task was added to ensure electrical panels are locked to unauthorized personnel in hallways and resident areas.</p> <p>A Monthly TELS task electrical task to inspect and repair electrical outlets with broken covers was added.</p> <p>A quarterly GFCI inspection was</p>		

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	<p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities</p>				<p>added to TELS and the maintenance director was trained to test with the proper testing equipment.</p> <p>4. How the corrective actions will be monitored..</p> <p>Maintenance will report to QAPI no less than quarterly in perpetuity regarding life safety issues.</p> <p>Date of Compliance: June 12, 2025</p>		

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	<p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>This deficient practice could affect all residents and staff.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Director at 11:39 a.m. on 05/08/2025, there was one GFCI type electrical receptacle located in the shower room on the "C" hall; however, when tested the electrical receptacle failed to interrupt power and the electrical tester indicated there was a bad ground. Based on observation with the Executive Director and Maintenance Director at 12:23 a.m. on 05/08/2025, there was one GFCI type electrical receptacle within 12 inches of the sink located in the restroom room in the activity room; however, when tested the electrical receptacle failed to interrupt power and the electrical tester indicated there was a bad ground. Based on observation with the Executive Director and Maintenance Director at 1:36 p.m. on 05/08/2025, there was one GFCI type electrical receptacle 37 inches from the edge of a sink located in the beauty shop in the basement; however, when tested the electrical receptacle failed to interrupt power and the electrical tester indicated there was a bad ground. Based on interview, the Maintenance Director acknowledged the electrical receptacles failed to interrupt power when tested.</p> <p>3.) Based on observation and interview, the facility failed to ensure electrical receptacles in 1 of 6 smoke compartments were protected. NFPA 70, 2011 Edition. Article 406.6, Receptacle</p>						

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K 0761 SS=F Bldg. 01	<p>Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p> <p>This deficient practice could affect staff in the wound nurse office located on the "B" hall.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Director at 11:57 a.m. on 05/08/2025, an electrical receptacle located behind the wound nurse desk in the wound nurse office located on the "B" hall was missing a cover exposing wires. Based on interview, the Executive Director acknowledged the missing cover and exposed wiring.</p> <p>These findings were reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Maintenance, Inspection &amp; Testing - Doors</p> <p>Based on record review and interview, the facility failed to ensure annual inspection and testing of fire door assemblies were completed in accordance with LSC 8.3.3.1. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1</p>			K 0761	<p>1. Corrective actions taken for those residents found to have been affected by the deficient practice.</p> <p>All fire doors were identified, itemized, inspected, and documented.</p> <p>2. How the facility identified other residents having the potential to be affected by the same deficient practice and the corrective actions</p>		06/12/2025

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	<p>states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>				<p>taken.</p> <p>This alleged deficient practice could potentially affect all residents.</p> <p>3 Measures put into place/system changes.</p> <p>An annual fire door inspection was added to TELS and an Itemized list of doors was sent so the logs reflect each location automatically.</p> <p>4. How the corrective actions will be monitored..</p> <p>Maintenance will report to QAPI no less than quarterly in Perpetuity regarding life safety issues.</p> <p>Date of Compliance: June 12, 2025</p>		

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K 0920 SS=E Bldg. 01	<p>Based on record review with the Executive Director and Maintenance Director at 9:30 a.m. on 05/08/2025, the facility was not able to provide completed fire door assembly inspections. A document listing hallways indicating fire doors were inspected monthly; however, the doors were not itemized or otherwise identified. Based on interview with the Maintenance Director at 9:30 a.m. on 05/08/2025, he identified the location of fire door assemblies located in the corridors as smoke compartment separations. When asked about oxygen storage rooms, the Maintenance Director identified the location of the room; however, did not identify the fire door assembly as one that was inspected.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>1.) Based on observation and interview, the facility failed to ensure flexible cords and adapters were not used as a substitute for fixed wiring 1 of 6 smoke compartments. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure.</p> <p>This deficient practice could affect staff in 1 of 6 smoke compartments.</p> <p>Findings include:</p>			K 0920	<p>1. Corrective actions taken for those residents found to have been affected by the deficient practice.</p> <p>The power strips were removed from being plugged into other power strips in the paint storage room located on the B wing</p> <p>All resident rooms were audited and all non UL60601 and Non UL 1363A power strips were removed. If necessary to replace, they were replaced with UL60601 and</p>		06/12/2025

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	<p>Based on observation with the Executive Director and Maintenance Director at 11:57 a.m. on 05/08/2025, a power strip with an unknown listing that was plugged directly into a wall receptacle was supplying power to two other power strips of unknown rating that supplied power to television equipment in the paint storage room located on the "B" hall. Based on interview, the Maintenance Director acknowledged the two power strips were plugged into a third power strip that was supplying power.</p> <p>2.) Based on observation and interview, the facility failed to ensure power strips with appropriate UL listings were used in resident room 21 on the "A" hall. Power strips used for PCREE are required to meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) are required to meet UL 1363. This deficient practice could affect residents in 1 of 6 smoke compartments.</p> <p>Based on observation with the Executive Director and Maintenance Director at 12:46 p.m. on 05/08/2025, a power strip with an unknown listing was located in resident room 21 on the "A" hall. The power strip was plugged directly into a wall receptacle and supplying power to a C-Pap, nebulizer, a phone charger, and a coffee maker. The power strip and the electrical equipment were located on a nightstand adjacent to a patient bed. Based on interview with the Executive Director and Maintenance Director at 12:46 p.m. on 05/08/2025, they acknowledged the power strip supplying power to the medical and non-medical equipment.</p> <p>These findings were reviewed with the Executive Director and Maintenance Director at the exit conference.</p>				<p>UL3163A power strips.</p> <p>All resident medical equipment was separated from being plugged in with personal items and non-medical equipment.</p> <p>2. How the facility identified other residents having the potential to be affected by the same deficient practice and the corrective actions taken.</p> <p>This alleged deficient practice could potentially affect all residents in the area of the power strips in violation.</p> <p>3 Measures put into place/system changes.</p> <p>A monthly TELS task was added with the following steps:</p> <p>While inspecting the facility make sure no electrical power strips are dangling from the outlet.¿</p> <p>Ensure power strips in resident rooms are UL60601 or UL1363A (these will have green dots, but green dots do not always mean they are the proper UL listing)</p> <p>Ensure that only resident medical equipmen OR resident personal equipment are plugged into the power strips and are not mixed together.</p>		

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

PRINTED: 05/30/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155062		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/08/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - LAPORTE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1700 I STREET LA PORTE, IN 46350			
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	3.1-19(b)				<p>Make sure no high draw electrical devices are plugged into the power strips such as refrigerators, coffee pots, or microwaves.</p> <p>Coffee pots and microwaves are not allowed in resident rooms.</p> <p>4. How the corrective actions will be monitored..</p> <p>Maintenance will report to QAPI no less than Quarterly in perpetuity regarding life safety items.</p> <p>Date of Compliance: June 12, 2025</p>		