

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

PRINTED: 12/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2023
NAME OF PROVIDER OR SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 55 E WILLOW ST NASHVILLE, IN 47448		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Facility Renovation: Wing C: Remove the locking provisions, convert a resident dining/activity room into a general activity room. 12 Rooms (25 beds): C1, C3-C11, C13, and C15 each have two (2) T18/19 beds and Room C17 with one (1) T18/19 bed. Wing D: Convert Wing-D into a locked wing with 16 Rooms (32 beds): D1-D16 each have two (2) T18/19 beds. Extend wall and add a door (with a delayed egress, magnetic lock, and electronic keypad locking provisions) in Lobby between wings D & E. Convert an office, a restroom, and a portion of a lounge into a new nurse station. Convert a soiled holding room and a portion of a lounge into a new resident lounge. Convert a Med storage room into a soiled room. Convert portion of a vestibule in Wing-D into a resident toilet. Convert portion of a vestibule in Wing-D into a storage room accessible only from outdoors. Convert a dining room into resident dining/activity room. Remodel access from Warming Kitchen to resident dining/activity room. Create a secure, fenced, exterior patio. Building addition attached at Kitchen, Addition consists of a warewashing room, new service corridor, and new walk-in cooler/freezer units.</p> <p>Remodel in existing building: E Wing: Reconfigure the nurse station for E Wing. E Wing: Convert a staff break room into a soiled workroom and a clean supply room. B Corridor: Convert an office into an oxygen cylinder storage room. B Corridor: Convert a toilet into a work alcove. A Wing: Convert an Office into a salon, Convert a conference room into a staff</p>	K 000			

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

TITLE

(X6) 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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K 000	<p>Continued From page 1</p> <p>break room.</p> <p>ADMIN Wing: Convert Beauty Shop into a Storage Room. Remove existing walk-in cooler/freezer units. Remodel existing foodservice dry storage room and space vacated by walk-in cooler/freezer units into a large Dry Storage room connecting to new Kitchen addition (via New Service corridor). Reconfigure the existing kitchen to include relocation of doors. Renovate training kitchen and Training bathroom into a foodservice servery and a resident toilet room. Renovate therapy gym into a Dining Room. Renovate therapy storage room and office into a conference room and an office. Convert a Dining Room into a therapy room. Renovate an office on the C-Wing into an office in the new therapy room. Repair and replaces finishes and fittings in corridors and various other spaces in the facility - modifications to ventilation, plumbing, and electrical systems.</p> <p>Survey Date: 12/21/23</p> <p>Facility Number: 000479 Provider Number: 155487 AIM Number: 100290880</p> <p>At this Preoccupancy survey, Brown County Health and Living Community was found in compliance with Requirements for Participation in Medicare, 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system</p>	K 000			

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K 000	<p>Continued From page 2</p> <p>with smoke detection in the corridor and in all areas open to the corridor. The facility has hard wired smoke detectors in resident sleeping rooms E8 through E14 and has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 117 and had a census of 106 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered except two detached storage buildings.</p> <p>Quality Review completed on 12/21/23</p>	K 000			