

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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: 07/08/24</p> <p>Facility Number: 000155 Provider Number: 155252 AIM Number: 100266830</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare-Woodlands 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 120 certified beds. At the time of the survey, the census was 101.</p> <p>Quality Review completed on 07/10/24</p>			E 0000			
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: 07/08/24</p> <p>Facility Number: 000155 Provider Number: 155252 AIM Number: 100266830</p> <p>At this Life Safety Code survey, Brickyard</p>			K 0000	Preparation and submission of this Plan Of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction		

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

TITLE

(X6) DATE

Maribeth Donaldson

Executive Director

07/24/2024

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 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.

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4088 FRAME RD NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0324 SS=E Bldg. 01	<p>Healthcare-Woodlands 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>This one story facility was determined to be of Type V (000) construction and was 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 120 and had a census of 101 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 three detached structures; one plastic shed, one wood framed shed, and one wood framed garage with vinyl siding used for facility storage.</p> <p>Quality Review completed on 07/10/24</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in</p>				as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.		

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
	<p>smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on observation and interview, the facility failed to install the kitchen range hood system in accordance with the requirements of LSC 9.2.3. Section 9.2.3 states commercial cooking equipment shall be installed in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 2011 edition, Section 6.2.4.1 states kitchen range hood system filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). This deficient practice could affect staff in the kitchen area.</p> <p>Findings include:</p> <p>Based on observations on 07/08/24 between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Maintenance Director, the design of the kitchen range hood requires one drip tray on the right side. The metal drip tray was missing at the time of observation.</p> <p>Based on interview at the time of observation, the Maintenance Director acknowledged the metal drip tray under the kitchen range hood's filter</p>			K 0324	<p>K324E</p> <p>-What corrective actions will be accomplished for those residents found to have been affected by the deficient practice The drip tray was replaced immediately. -How other residents have the potential to be affected will be identified. All residents have the potential to be affected. -What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. All dietary cooks in- on the requirement for the drip pan to be in place on the side of the range hood. DSM/Designee will monitor the drip pan placement 2x per week x 4 weeks, 1x per week x 4 weeks and 1x per month x 4 months. -How the corrective action will be monitored to ensure the deficient practice will not recur, what QA program will be put into place. Findings will be reviewed in QAA x 6 months unless further monitoring is deemed necessary. -Systemic</p>		07/31/2024

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4088 FRAME RD NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0345 SS=F Bldg. 01	<p>system was missing.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 1. Based on record review and interview, the facility failed to ensure documentation was available to show that 1 of 61 smoke detectors was sensitivity tested within the past 24 month period, furthermore, the sensitivity test report failed to include the calibrated sensitivity test instrument. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an</p>		K 0345	<p>changes will be completed by 7/31/2024 Requesting paper compliance 324E</p> <p>K345F -What corrective actions will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The smoke detector in the Arbor Unit mechanical room will be scheduled for a sensitivity test. The testing report shall include the name of the manufacturer's calibrated instrument.</p> <p>The time on the fire alarm control panel will be corrected during that same scheduled visit.</p> <p>-How other residents have the potential to be affected will be</p>		07/31/2024	

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
	<p>increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/08/24 between 9:30 a.m. and 2:00 p.m. with the Maintenance Director present, the facility was able to produce a smoke detector sensitivity report dated 04/11/23, however, the report did not include sensitivity testing for the smoke detector located in the Arbor Mechanical Room directly over the fire alarm control panel (FACP). Furthermore, the 04/11/23 smoke detector sensitivity testing report did not include the name of the manufacturer's calibrated sensitivity test instrument. Based on interview at the time of record review, the Maintenance Director confirmed the 04/11/23 smoke detector sensitivity testing report did not</p>				<p>identified.</p> <p>All residents have the potential to be affected.</p> <p>-What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The maintenance director was in- to ensure any further sensitivity testing will include all 61 smoke detectors and the name of the manufacturer's calibrated instrument as well as that the correct time is displayed on the fire alarm control panel.</p> <p>The maintenance director will monitor for the correct time on the fire alarm control panel 1x per month x 6 months.</p> <p>-How the corrective action will be monitored to ensure the deficient practice will not recur, what QA program will be put into place.</p> <p>Findings will be reviewed in QAA x 6 months.</p> <p>-Systemic changes will be completed by 7/31/2024</p> <p>Requesting paper compliance for K345</p>		

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
K 0353 SS=F	<p>include the sensitivity testing information for the smoke detector located directly over the FACP, or the name of the test instrument.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101- 2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on an observation and interview during a tour of the facility with the Maintenance Director on 07/08/24 at 1:12 p.m. (local time), the time on the fire alarm control panel was incorrect. The display on the fire alarm control panel indicated the time to be 12:01 p.m. Based on interview at the time of observation, the Maintenance Director indicated he was not aware of the discrepancy and would speak with the fire alarm inspection company to get the time set correctly.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p>						

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

PRINTED: 07/25/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
Bldg. 01	<p>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 1. Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping system was inspected every five years in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 14.2.1 states an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. Alternative nondestructive examination methods shall be permitted. Non-metallic pipe shall not be required to be inspected internally. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice affects all residents, staff and</p>			K 0353	<p>K353F- What corrective actions will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Inspection for the automatic sprinkler piping system was completed on 7/12/24. The replacement of the 3 corroded exit overhang sprinkler heads scheduled to be completed by 7/31/24.</p> <p>-How other residents have the potential to be affected will be identified.</p> <p>All residents have the potential to be affected.</p>		07/31/2024

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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	
	<p>visitors.</p> <p>Findings include:</p> <p>Based on record review on 07/08/24 between 9:30 a.m. and 2:00 p.m. with the Maintenance Director present, documentation of an internal inspection of the sprinkler system performed within the most recent five year period was not available for review. Documentation for the most recent internal pipe inspection performed was dated 01/08/19.</p> <p>Based on interview at the time of record review, the Maintenance Director said the facility has received one quote from their sprinkler vendor to perform the internal pipe inspection/investigation. The vendor quote was dated 01/23/24. The vendor quote was presented at the time of record review. Further interview at the exit conference, the Maintenance Director, after having spoken with the sprinkler vendor, said the sprinkler vendor would be at the facility by the end of the week to perform the internal pipe inspection/investigation.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure sprinkler heads in 3 of 9 smoke compartments covered with corrosion were replaced. 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</p>			<p>-What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The inspection for the automatic sprinkler piping system was completed on 7/12/24. No other monitoring is deemed necessary</p> <p>The maintenance director was in-on monitoring for corroded sprinkler heads.</p> <p>The maintenance director/designee will monitor 2 sprinkler heads per month x6 months for corrosion</p> <p>-How the corrective action will be monitored to ensure the deficient practice will not recur, what QA program will be put into place.</p> <p>Findings will be reviewed in QAA x6 months.</p> <p>-Systemic changes will be completed by 7/31/2024</p> <p>Requesting paper compliance for K353 F</p>			

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
K 0363 SS=E Bldg. 01	<p>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 sprinkler manufacturer. This deficient practice could affect at least 20 resident, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 07/08/24 between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Maintenance Director, the following was noted:</p> <p>a. The Arbor Hall north exit outside overhang had a sprinkler head covered with corrosion.</p> <p>b. The Arbor Hall south exit outside overhang had a sprinkler head covered with corrosion.</p> <p>c. The 600 Hall exit/patio area outside overhang had three sprinkler heads covered with corrosion. Based on interview at the time of each observation, the Maintenance Director agreed the sprinkler heads at the three exit overhangs were covered with corrosion and should be replaced.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20</p>						

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
	<p>minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 doors between the kitchen and main dining room had no impediment to closing and was smoke resistant. This deficient practice could affect over 50 residents, staff, and visitors.</p>			K 0363	<p>-What corrective actions will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The rubber wedge was removed from the kitchen door.</p>		07/31/2024

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

PRINTED: 07/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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	
	<p>Findings include:</p> <p>Based on observations on 07/08/24 between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Maintenance Director, the right side door to the kitchen from the main dining room was held wide open with a rubber door wedge. Based on interview at the time of observation, the Maintenance Director acknowledged this door was held wide open with a rubber door wedge. He further said this door was normally held open when kitchen staff are bringing food carts in and out of the kitchen. There was no activity of staff moving carts at the time of observation.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>			<p>-How other residents have the potential to be affected will be identified.</p> <p>All residents have the potential to be affected.</p> <p>-What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The dietary staff to be in- not using a doorstep wedge unless loading carts.</p> <p>The DSM/Designee will monitor use of a door wedge only when loading of food carts loading of carts 2x per week x4 weeks, 1x per week x4 weeks 1x per month x4 months.</p> <p>-How the corrective action will be monitored to ensure the deficient practice will not recur, what QA program will be put into place.</p> <p>Findings will be reviewed in QAA x6 months.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(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
					-Systemic changes will be completed by 7/31/2024 Requesting paper compliance for K363E		