

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

PRINTED: 11/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE -SYCAMORE VILLAGE CARE CENT	STREET ADDRESS, CITY, STATE, ZIP COD 2905 W SYCAMORE ST KOKOMO, IN 46901
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(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: 010/23/23</p> <p>Facility Number: 000258 Provider Number: 155367 AIM Number: 100289160</p> <p>At this Emergency Preparedness survey, Brickyard Healthcare-Sycamore Village Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 110 and had a census of 91 at the time of this survey.</p> <p>Quality Review completed on 10/30/23</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: 10/23/2023</p> <p>Facility Number: 000258 Provider Number: 155367 AIM Number: 100289160</p> <p>At this Life Safety Code survey, Brickyard Healthcare-Sycamore Village Care Center was found not in compliance with Requirements for</p>	K 0000		

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

TITLE

(X6) DATE

Rachel Sailors

Executive Director

11/15/2023

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 0345 SS=F Bldg. 01	<p>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 V111 construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery powered smoke detectors in the resident sleeping rooms. The facility has a capacity of 110 and had a census of 91 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 10/30/23</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 maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by</p>	K 0345	A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70,	11/10/2023

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K 0363 SS=E Bldg. 01	<p>14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>During records review with the Maintenance Director (MD) on 10/23/23 at 02:35 p.m., no documentation was provided regarding a visual inspection of the fire alarm system six months before the annual fire alarm inspection conducted on 05/17/23. Based on interview at the time of records review, the MD agreed a visual inspection of the fire alarm system six months before the annual fire alarm inspection was not conducted.</p> <p>This finding was reviewed with the Administrator and MD at 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</p>		<p>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. Testing and maintenance inspection to comply with requirements was completed on 11-9-2023 and will be conducted semi-annually moving forward. Maintenance scheduled next inspection with SafeCare for May of 2024. Semi-annual fire alarm system testing will be tracked in the TELS system. Maintenance will report on this life safety item no less than quarterly in perpetuity.</p>	

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	<p>capable of resisting fire for at least 20 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 2 corridor doors were provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. This deficient</p>	K 0363	The corrective action for the areas found to be affected by this alleged deficient practice are as follows; This alleged deficient practice could affect up to 6	11/10/2023

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K 0920 SS=E Bldg. 01	<p>practice could affect 6 residents in the vicinity of resident room 212 and 221.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director (MD) on 10/23/23 at 01:25 p.m., the corridor door to resident sleeping room 212 and 221 would not close and latch into the frame when tested. Based on interview at the time of observation, the MD agreed the corridor door to room 212 and 221 would not close and latch into the door frame.</p> <p>The finding was reviewed with the Administrator and MD during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension</p>		<p>residents. The alleged deficient practice has been immediately corrected. The facility Maintenance Director replaced the stripe plate on both resident room doors 212 and 221 ensuring that they properly latched. Corridor doors will be inspected quarterly and tracked within the tels system and deficiencies found will be repaired immediately by maintenance" Maintenance will report on this life safety item no less than quarterly in perpetuity.</p>	

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	<p>cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>1. Based on observation and interview, the facility failed to ensure 1 flexible cord was not used as a substitute for fixed wiring. 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 10 residents in the resident smoking area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 10/23/23 at 01:15 p.m., lighting was plugged into and supplied power by an extension cord in the Gazebo at the resident smoking area. Based on interview at the time of observation, the Maintenance Director acknowledged an extension cord was in use in the resident smoking area.</p> <p>The finding was reviewed with the Maintenance Director and the Administrator during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were installed properly and used in a safe manor. NFPA 99, Section 10.2.4.2 states adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. Section</p>	K 0920	<p>The corrective action for the areas found to be affected by this alleged deficient practice are as follow; This deficient practice could affect staff and 8 residents in the vicinity of the Aviary and up to 10 residents in the resident smoking area. The maintenance director immediately removed the extension cord that was out in the smoking area and the lights now plug into a GFCI outdoor outlet. The power strip that was not secure to the wall by the aviary has been secured to the wall.</p> <p>==== p====></p> <p>The facility Maintenance Director will monitor during regular rounds and will have any deficiencies or repairs completed as warranted. to a power cords and extension cords inspection will be conducted quarterly in tels, will audit and run through QAPI times 6 months.</p> <p>Maintenance will report on this life safety item no less than quarterly in perpetuity.</p>	11/10/2023

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	<p>10.2.4.2.3 states the cabling shall comply with 10.2.3. Section 10.2.3.5.1 states cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections. This deficient practice could staff and 8 residents in the vicinity of the Aviary.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 10/23/23 at 01:15 p.m., in the vicinity of the Aviary, a power strip used to power TV equipment, was not secured, and was dangling from the outlet on the wall. This condition could put stress on the power cord causing damage to the power cord. Based on interview at the time of observations, the Maintenance Director agreed the power strip was dangling, not secured, and stated the power strip will need to be mounted or set on the floor.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p>			