STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155137	A. BUILDING -- B. WING	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - VALPARAISO CARE CENTER	251 STURDY RD VALPARAISO, IN 46383

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/10/2024 Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400 At this Emergency Preparedness survey, Brickyard Healthcare - Valparaiso 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 85 certified beds. At the time of the survey, the census was 78. Quality Review completed on 01/16/24	E 0000		
K 0000 Bldg. 01	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). Survey Date: 01/10/2024 Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400 At this life Safety Code Survey, Brickyard	K 0000	This plan of correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the plan of corrections do not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our plan of correction is prepared and executed as a means to continuously improve the quality of care, and to comply	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tiffany Sydow	Health Facility Administrator	01/30/2024

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	Healthcare - Valparaiso 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. This one story facility with a partial basement was determined to be of Type IV (2HH) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The building is fully protected by a 250kW diesel powered generator. The facility has a capacity of 85 and had a census of 78 at the time of the survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 01/16/24		with all applicable state and federal regulatory requirements. The facility respectfully submits this plan of correction and requests your consideration for paper compliance. Thank you for your consideration. ="" p=""> ="" p=""> ="" p="">	
K 0311 SS=E Bldg. 01	NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.			

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	Based on observation and interview, the facility failed to ensure the protection of 1 of 3 stairwells in accordance of 19.3.1. LSC 19.3.1.1 states where enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating. LSC 8.3.4.2 states the fire protection rating for opening protectives shall be in accordance with Table 8.3.4.2 except as otherwise permitted in 8.3.4.3 or 8.3.4.4. Table 8.3.4.2 requires fire door assemblies in vertical shafts, including stairways, to have a 1-hour fire resistance rating. LSC 8.3.4.3 states existing fire door assemblies having a minimum ¾-hour fire protection rating shall be permitted to continue to be used in vertical openings and exit enclosures in lieu of the minimum 1-hour fire protection rating required in Table 8.3.4.2. This deficient practice could affect approximately 5 staff and an unknown number of residents. Findings include: Based on observation on 01/10/24 during a tour of the facility with Maintenance Director and Administrator from 11:13 a.m. to 12:11 p.m., the stairwell door next to the employee entrance/kitchen area to the basement had two circular half-inch through-and-through penetrations located next to the self-closing device on the top of the door decreasing the fire resistance rating of the door. Based on interview at the time of observation, the Maintenance Director confirmed the door penetrations and stated they should be filled in with fire caulk and would take care of the issue. Findings were discussed with the Maintenance Director and Administrator at exit conference. 3.1-19(b)	K 0311	1. The fire door noted to be out of compliance was immediately addressed, and the hole/penetration was filled with fire caulk. p="" paraid="634220580" paraeid="{21823625-a8a4-459f-921a-fd2be53f0d4d}{209}" p="" paraid="253872244" paraeid="{21823625-a8a4-459f-921a-fd2be53f0d4d}{216}" p="" xml:="" paraid="1077992316" paraeid="{7c18d041-f4c3-4377-9d35-719fb9c95931}{40}" the="" fire="" door="" noted="" to="" be="" out="" of="" compliance="" was="" immediately="" addressed,="" and="" hole="" penetration="" filled="" with="" caulk. p="" xml:="" paraid="1605580247" paraeid="{7c18d041-f4c3-4377-9d35-719fb9c95931}{49}" the="" deficient="" practice="" has="" potential="" to="" affect="" residents="" staff="" in="" service="" hall="" areas. an="" audit="" was="" completed="" on="" all="" stairwell="" doors="" ensure="" no="" penetrations="" existed.="" other="" practices="" noted.="" affected="" from="" practice. p="" xml:="" paraid="1225514143" paraeid="{7c18d041-f4c3-4377-9d35-719fb9c95931}{58}" an="" in-service="" education="" program="" was="" conducted="" by="" ed="" designee="" with="" all="" staff="" addressing=""	02/05/2024

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			fire="" service="" feature="" (specific="" to="" stairwells),="" and="" protection="" of="" vertical="" openings="" –="" enclosure.="" p="" xml:="" paraid="1429247282" paraeid="{7c18d041-f4c3-4377-9d35-719fb9c95931}{67}" the="" ed="" designee="" will="" conduct random="" audits,="" on="" various="" shifts,="" units="" and="" days="" (including="" weekends),="" of="" 5="" doors weekly="" for="" 1="" month,="" then="" 3="" 2="" months,="" door weekly="" months.="" these="" doors will="" be="" assessed="" to="" ensure="" that="" protection="" is="" up="" code,="" regulation,="" no="" further="" intervention="" needed.="" results="" audits="" reviewed="" at="" monthly="" qapi="" (quality="" assurance="" performance="" improvement)="" meeting="" a="" minimum="" six="" months="" which="" time="" idt="" team="" determine="" if="" are="" needed.¿ p="" xml:="" paraid="1516735002" paraeid="{9b7864d9-0242-40ef-8cb9-5eb616752b4d}{186}"> p="" xml:="" paraid="1516735002" paraeid="{9b7864d9-0242-40ef-8cb9-5eb616752b4d}{186}"> 2. The deficient practice has the potential to affect residents/staff in the service hall/areas. An audit was completed on all stairwell	

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			doors to ensure no penetrations existed. No other deficient practices noted. No residents/staff affected from deficient practice. 3. An in-service education program was conducted by ED/designee with all staff addressing Fire Service Feature (specific to stairwells), and Protection of Vertical Openings - Enclosure. 4. The ED/designee will conduct random audits, on various shifts, units and days (including weekends), of 5 doors weekly for 1 month, then 3 doors weekly for 2 months, then 1 door weekly for 3 months. These doors will be assessed to ensure that protection is up to code, regulation, and no further intervention is needed. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT team will determine if further audits are needed.	
K 0351 SS=E Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler			

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	Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 kitchen freezers in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect approximately 5 staff and 15 residents who use the adjacent dining area. Findings include: Based on observation with the Maintenance Director and Administrator on 01/10/24 from 11:13 a.m. to 12:11 p.m., the kitchen freezer had storage of numerous cardboard boxes and food items within approximately four inches from the	K 0351	1. The shelf in the freezer obstructing the sprinkler system was immediately cleared to ensure safety and compliance with regulation. ED immediately educated Dietary Services Manager and staff regarding the deficient practice to ensure practice cease and compliance is continually maintained. p="" xml:="" paraid="664263939" paraeid="{f5970d15-9ac8-499a-9f92-dc6813aaaaeb}{98}" the="" shelf="" in="" freezer="" obstructing="" sprinkler="" system="" was="" immediately="" cleared="" to="" ensure="" safety="" and="" compliance="" with="" regulation.="" ed="" educated="" dietary="" services="" manager="" staff="" regarding="" deficient="" practice="" cease="" continually="" maintained.="" p="" xml:="" paraid="678375556"	02/05/2024

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	sprinkler head. Based on interview at the time of observation, the Maintenance Director confirmed the storage near the sprinkler head and stated kitchen staff is aware to keep items clear of the sprinkler head. The Maintenance Director was able to move boxes around during the observation to clear the sprinkler head. Findings were discussed with the Maintenance Director and Administrator at exit conference. 3.1-19(b)		paraeid="{f5970d15-9ac8-499a-9f92-dc6813aaaaeb}{107}" the="" deficient="" practice="" has="" potential="" to="" affect="" residents="" staff="" in="" kitchen="" surrounding="" area.="" an="" audit="" was="" completed="" of="" all="" other="" sprinklers="" ensure="" no="" obstructions="" existed.="" noted.="" affected="" from="" practice.="" p="" xml:="" paraid="1552457750" paraeid="{f5970d15-9ac8-499a-9f92-dc6813aaaaeb}{116}" an="" in-service="" education="" program="" was="" conducted="" by="" the="" ed="" designee="" with="" all="" staff="" addressing="" protection="" of="" sprinkler="" system="" –="" installation,="" and="" policy. p="" xml:="" paraid="2146901608" paraeid="{f5970d15-9ac8-499a-9f92-dc6813aaaaeb}{125}" the="" ed="" designee="" will="" conduct random="" audits,="" on="" various="" shifts,="" units="" and="" days="" (including="" weekends),="" of="" inspecting="" 5="" sprinklers="" weekly="" for="" 1="" month,="" then="" 3="" 2="" months,="" sprinkler weekly="" months.="" these="" be="" assessed="" to="" ensure="" that="" they="" are="" not="" obstructed="" up="" code,="" regulation,="" no="" further="" intervention="" is="" needed.="" results="" audits=""	

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			reviewed="" at="" monthly="" qapi="" (quality="" assurance="" performance="" improvement)="" meeting="" a="" minimum="" six="" months="" which="" time="" idt="" team="" determine="" if="" needed.¿ 2. The deficient practice has the potential to affect residents/staff in the kitchen/surrounding area. An audit was completed of all other sprinklers in the kitchen to ensure no other obstructions existed. No other deficient practice noted. No residents/staff affected from deficient practice. 3. An in-service education program was conducted by the ED/designee with all staff addressing Protection of Sprinkler System - Installation, and Sprinkler System Policy. 4. The ED/designee will conduct random audits, on various shifts, units and days (including weekends), of 5 doors weekly for 1 month, then 3 doors weekly for 2 months, then 1 door weekly for 3 months. These doors will be assessed to ensure that protection is up to code, regulation, and no further intervention is needed. Results of audits will be reviewed at the monthly QAPI (Quality Assurance and Performance Improvement) meeting for a minimum of six months at which time the IDT	

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			team will determine if further audits are needed.	