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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155375	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01** B. WING _____	(X3) DATE SURVEY COMPLETED **07/24/2023**

NAME OF PROVIDER OR SUPPLIER **BRICKYARD HEALTHCARE - PETERSBURG CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **309 W PIKE AVE** **PETERSBURG, IN 47567**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 07/24/23 Facility Number: 000033 Provider Number: 155375 AIM Number: 100266280 At this Emergency Preparedness survey, Brickyard Healthcare - Petersburg 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 86 certified beds and had a census of 43 at the time of this visit. Quality Review completed on 07/26/23	E 000		
K 000	INITIAL COMMENTS 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: 07/24/23 Facility Number: 000033 Provider Number: 155375 AIM Number: 100266280 At this Life Safety Code survey, Brickyard Healthcare - Petersburg Care Center was found in compliance with Requirements for Participation	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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K 000	Continued From page 1 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 was determined to be of Type V (111) 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 alarms in all resident sleeping rooms. The facility has a capacity of 86 and had a census of 43 at the time of this survey. All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered except: 1. A thirty foot by eighteen foot detached garage constructed of wood framing and metal covering and storing maintenance supplies and kitchen equipment 2. A fifteen foot by twelve foot detached portable wood shed storing paper records 3. A twelve foot by nine foot detached wood shed storing the facility's water softener. Quality Review completed on 07/26/23	K 000		