

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

PRINTED: 07/08/2025  
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 06/23/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
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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: 06/23/25</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 not 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 103.</p> <p>Quality Review completed on 06/26/25</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>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 as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.542(e), 485.62 Hospital CAH and LTC Emergency Power</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record</p>			E 0041	<p>E041F-- What corrective actions will be accomplished for those residents found to have been by the deficient practice.</p> <p>The generator load percentage will be recorded in the monthly full load testing documentation and a load bank test was conducted on June 25, 2025. A professional</p>		07/14/2025

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

TITLE

(X6) DATE

Maribeth Donaldson

Executive Director

07/03/2025

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.

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	<p>of monthly generator load testing for 1 of 1 generator during 12 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation on the generator monthly load test log for percentage of load for the past 12 month period. Based on interview at 11:30 a.m., the Maintenance Director confirmed there was no percentage of load documented on the monthly generator log for the past 12 month period.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>2. Based on record review and interview, the facility failed to exercise the generator annually to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p>				<p>routine maintenance and an annual diesel fuel test was conducted at that time by the emergency generator contractor.</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>A monthly load testing of the generator will be completed to include the load percentage of nameplate kw. Also, an annual load bank test, preventative routine maintenance annually and an annual fuel test will be completed.</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>Maintenance will report to QAPI no less than quarterly in perpetuity regarding life safety</p>		

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	<p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads (Load Bank Test) at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, the monthly load percentage for the diesel powered generator was not documented on the report during 12 of the past 12 month period. Based on interview at the time of record review, the Maintenance Director acknowledged the generator ran under load on a monthly basis, but was not sure if the 30% of the name plate rating was achieved for 12 of the past 12 month period. Additionally, the Maintenance Director acknowledged a load bank test for the generator has not occurred within the past 12 month period.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3. Based on record review and interview, the facility failed to ensure a written record of routine maintenance and testing for 1 of 1 emergency generator was maintained and available for review. NFPA 110, the Standard for Emergency and</p>				<p>--Systemic changes will be completed by: July 14,2025</p> <p><b>**Requesting paper compliance**</b></p>		

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	<p>Standby Powers Systems, at 8.3.3 requires a written schedule for routine maintenance and operational testing of the EPSS shall be established. 8.3.4 requires a permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.4.1 requires the permanent record shall include the following: (1) The date of the maintenance report (2) Identification of the servicing personnel (3) Notification of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation available to show the emergency generator has had routine maintenance during the past 12 months. The most recent routine maintenance report for the emergency generator was dated 08/25/23, which was past due. Based on interview at the time of record review, the Maintenance Director said there has been no routine maintenance service performed on the emergency generator within the past 12 month period.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>4. Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 diesel powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be</p>						

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K 0000  Bldg. 01	<p>inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation of an annual fuel quality test for the diesel generator available for review during the past 12 month period. Based on interview at the time of record review, the Maintenance Director said the last diesel fuel sample taken was 08/25/23 according to the documentation he had available.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <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: 06/23/25</p> <p>Facility Number: 000155 Provider Number: 155252 AIM Number: 100266830</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		

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K 0712 SS=F Bldg. 01	<p>At this Life Safety Code survey, Brickyard 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 103 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 06/26/25</p>		K 0712	<p>submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</p>		07/14/2025	
	<p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters, furthermore, the facility failed to ensure fire drills were held at varied dates for 3 of 3 employee shifts during 4 of 4 quarters during the past 12 month period. This deficient practice could affect all residents in the facility.</p>			<p>K712 corrective action will be accomplished for those residents found to have been affected by the deficient practice. Monthly fire drills will be conducted once per shift per quarter at expected and unexpected times under varying conditions</p>			

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	<p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 06/23/25 at 12:50 p.m. with the Maintenance Director present, the following was noted:</p> <p>a. There was no fire drill documentation available for the first shift (day) of the second quarter (April, May, and June) of 2024, and so far in 2025. Based on interview, the Maintenance Director acknowledged there was no fire drill report available to review for the first shift of the second quarter of 2024, and so far in 2025.</p> <p>b. 11 of 12 fire drills were performed during the last five days of each month. Based on interview, the Maintenance Director acknowledged the dates of fire drills during the last five days of each month and agreed the dates were not varied enough.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>-How will other residents who may have the potential to be affected be identified?</p> <p>All residents have the potential to be affected</p> <p>-- What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>A quarterly review will be completed for each shift in rotation to conduct a fire drill on each shift during each quarter with rotated days throughout the month</p> <p>--How will the corrective action(s) be monitored to ensure the deficient practice will not and what QA program will be put into place?</p> <p>ED/Maintenance director will</p>		

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K 0918 SS=F Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 12 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>		K 0918	<p>monitor of fire drills monthly.</p> <p>Maintenance will report to QAPI no less than quarterly in perpetuity regarding life safety items</p> <p>--Systematic changes will be completed by: July 14, 2025</p> <p>****requesting paper compliance for K712****</p> <p>K918 corrective action will be accomplished for those residents found to have been affected by the deficient practice. The generator load percentage will be recorded in the monthly full load testing documentation and a load bank test was completed on June 25, 2025. A professional routine maintenance was conducted by the emergency generator contractor, and an annual diesel test was conducted. --How will other residents who may have the potential to be affected be identified? All residents have the potential to be affected. -- What measures will be put into place or</p>		07/14/2025	



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	<p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation on the generator monthly load test log for percentage of load for the past 12 month period. Based on interview at 11:30 a.m., the Maintenance Director confirmed there was no percentage of load documented on the monthly generator log for the past 12 month period.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to exercise the generator annually to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads (Load Bank Test) at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants in the facility.</p>				<p>what systematic changes will be made to ensure that the deficient practice does not recur. A review of the monthly load testing of the generator to include the load percentage of the nameplate kw, an annual load bank test, a professional preventative routine maintenance annually, and an annual fuel test will be completed. --How will the corrective action(s) be monitored to ensure the deficient practice will not and what QA program will be put into place? ED/maintenance director will review the monthly reports to ensure the load percentage of the nameplate kw is included Maintenance will report to QAPI no less than quarterly in perpetuity regarding life safety items. --Systematic changes will be completed by: July 14, 2025</p> <p>****requesting paper compliance for F918****</p>		

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	<p>manufacturer. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation available to show the emergency generator has had routine maintenance during the past 12 months. The most recent routine maintenance report for the emergency generator was dated 08/25/23, which was past due. Based on interview at the time of record review, the Maintenance Director said there has been no routine maintenance service performed on the emergency generator within the past 12 month period.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>4. Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 diesel powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents, as well as staff and visitors.</p>						

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

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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 06/23/2025	
NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
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	<p>Findings include:</p> <p>Based on record review on 06/23/25 at 11:30 a.m. with the Maintenance Director present, there was no documentation of an annual fuel quality test for the diesel generator available for review during the past 12 month period. Based on interview at the time of record review, the Maintenance Director said the last diesel fuel sample taken was 08/25/23 according to the documentation he had available.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>						