

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G068	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/01/2012
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/01/12</p> <p>Facility Number: 000614 Provider Number: 15G068 AIM Number: 100272120</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Gaston was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 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 II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Battery powered detectors were used in all resident rooms. The facility has a</p>	K0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Hickory Creek at Gaston desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on March 2, 2012.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	<p>capacity of 75 and had a census of 69 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/02/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0051	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all residents as well as staff, and visitors in the facility.</p> <p>Findings include:</p>	K0051	<p><u>K051</u></p> <p>-</p> <p>-</p> <p><u>1. What corrective action will be done by the facility?</u></p> <p>The facility will have a hard-wired automatic smoke detector installed in the room where the dialer is located. The dialer ensures automatic notification to a central monitoring station when the fire alarm is activated. The installed automatic smoke detector will ensure the notification of a fire before the dialer could be incapacitated by</p>	03/02/2012			

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	<p>Based on observation on 02/01/12 at 11:45 a.m. with the Maintenance Supervisor, the fire alarm control panel phone dialer was located in the Laundry room and was not electrically supervised by a smoke detector. Based on interview on 2/01/12 at 11:47 a.m. with the Maintenance Supervisor, it was acknowledged the phone dialer located in the Laundry room was not provided with smoke detector protection.</p> <p>3-1.19(b)</p> <p>2. Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/01/12 at 12:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on</p>		<p>fire in that room.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents reside in the same Building, thus the correction applies to all residents of the facility.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>The facility will have the smoke detector inspected at least annually to ensure they are functioning and present in this location.</p> <p>- <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The Administrator will review the annual report of the inspection of the smoke detectors to ensure on-going compliance.</p> <p>Completed: 3/2/2012</p>		

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	interview on 02/01/12 at 12:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown..  3.1-19(b)		Maintenance Director responsible.		