

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155424	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2014
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 5480 E 25TH ST COLUMBUS, IN 47203
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/25/14</p> <p>Facility Number: 000284 Provider Number: 155424 AIM Number: 100290690</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Columbus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), 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 (222) 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 single station smoke detection in all resident sleeping rooms. The facility has</p>	K010000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exist of that one is cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.</p> <p>Hickory Creek at Columbus desires this plan of correction to be considered the facility's allegation of compliance. Compliance is effective April 9, 2014.</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>a capacity of 38 and had a census of 35 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 except for one garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on interview and observation, the facility failed to provide exterior emergency lighting for 1 of 3 exits. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect all residents as well as staff and visitors if the occupants in the facility were required to evacuate in an emergency.</p> <p>Findings include:</p> <p>Based on observation on 3/25/14 at 12:59 p.m. with the Maintenance Supervisor and Director of Nursing (DON), the facility was put under generator power to test the emergency lighting in and outside the facility at all the exits and exit discharges, but the back north exit next to the generator did not illuminate. Based on interview on 3/25/14 at 1:00 p.m. with the Maintenance Supervisor and DON, it was acknowledged the back north exit exterior emergency lights did not illuminate after a simulated power outage.</p> <p>3.1-19(b)</p>	K010046	<p>K046 NFPA 101 Life Safety Code Standard</p> <p>It is the policy and standard of this facility to provide exterior emergency lighting at all exits.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>- The light bulb in the north exit was wired to the generator on April 9, 2014.</p> <p><u>How will the facility identify others that were affected by this alleged deficient practice?</u></p> <p>No resident have been affected by this deficient practice</p> <p><u>What measures will the facility put into place so the alleged deficient practice will not recur?</u></p> <p>- During the Enviromental Supervisors monthly generator test he will visualize the light bulb in the north exit to ensure it has illuminated. If an issue is noted he will address it at that time.</p> <p>- <u>How will the facility monitor its corrective actions?</u></p> <p>During the Environmental</p>	04/09/2014			

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			Supervisors monthly generator test he will visualize the light bulb in the north exit to ensure it has illuminated. If an issue is noted he will address it at that time. The Administrator will review the monthly generator tests after they are completed to ensure no issues with the light bulbs were noted.	

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K010144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 03/25/14 at 2:45 p.m. with</p>	K010144	<p>K 144 NFPA 101 Life Safety Code Standard</p> <p>It is the standard of this facility that generators are inspected weekly and exercised under load for 30 minutes per month.</p> <p><u>What corrective action will be done by this facility?</u></p> <p>A remote shut off device was installed on April 9, 2014 by Two Brothers, the contractor who installed the generator in 2006. The device is located in the fenced area by the generator.</p> <p>- <u>How will the facility identify other resident having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>- No residents have been affected by this alleged deficient practice.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>This practice will not recur because the remote shut off device was installed. The Environmental Supervisor will monitor the device during his weekly checks of the</p>	04/09/2014			

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	the Maintenance Supervisor, a remote shut off device was found on the inside casing of the generator. Based on review of Generator Maintenance records on 03/25/14 at 3:10 p.m. with the Maintenance Supervisor, the generator was installed in 2006, and a remote means to shut the generator off was not in a remote location. Based on interview on 03/25/14 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required outside of the generator casing.		generator. <u>How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> - The Environmental Supervisor will monitor the device during his weekly checks of the generator. The Administrator will review the weekly checks and any issues noted will be brought resolved at that time.	