

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155406	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2013
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 390 W BOULEVARD PERU, IN 46970
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(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
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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: 03/26/13</p> <p>Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Peru was found in substantial 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, spaces open to the corridors and battery operated detectors in resident sleeping rooms. The facility has a</p>	K010000		
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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 36 and had a census of 29 at the time of this survey.</p> <p>All areas providing customary access to residents were sprinklered. All areas providing facility services were sprinklered except for the detached oxygen storage building and detached maintenance shed which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/03/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 03/26/13 at 3:04 p.m. with Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 02/12 to 02/13, indicated the fire alarm system had been</p>	K010050	<p><u>K050</u> It is the policy of this facility to ensure that fire drills are conducted according to Life Safety Code Standard LSC 19.7.1.2.</p> <p>1. What corrective action will be accomplished for residents affected? HickoryCreek at Peru's analysis of monthly fire drill form has been changed to include the question, "Did the Alarm Monitoring Company receive the alarm?" This question will prompt the individual conducting the fire drill to call the alarm company to verify the alarm signal was received.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents had the potential to be affected. The</p>	04/08/2013			

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	<p>activated, but the verification of the transmission of the signal was not documented. Based on interview on 02/27/13 at 3:05 p.m. it was acknowledged by Maintenance Supervisor, the fire drill reports did not document the transmission of the signal was received by the monitoring station.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>analysis of monthly fire drillform has been changed to include alarm company signal received.</p> <p>- <u>3.What measures will be put into place to ensure this practice does not recur?</u> TheAdministrator will review the fire drills for 90 days to verify that the alarmcompany was called to verify alarm transmission.</p> <p>4. How will correctiveaction be monitored to ensure the deficient practice does not recur and what QAwill be put into place? Findingsfrom the Administrator's review will be forwarded to the QA&A committee forfurther review at the monthly meeting. After 90 days and when 100% complianceis obtained further monitoring will be completed as recommended by the QA&Acommittee.</p> <p><u>Dateof compliance:</u> April8, 2013</p>		