

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155434	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2013
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT CONNERSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 N GRAND AVE CONNERSVILLE, IN 47331
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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: 02/27/13</p> <p>Facility Number: 000319 Provider Number: 155434 AIM Number: 100286530</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Connorsville 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility</p>	K010000		

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>has a capacity of 38 and had a census of 33 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except three detached eight foot by twelve foot wooden storage sheds and a detached metal eight foot by eight foot oxygen shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/28/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers and 2 of 43 room wall smoke barriers were maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect all residents in the facility based on the central location of the boiler room and laundry room.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 02/27/13 during a tour of the facility from 11:05 a.m. to 1:15 p.m., the following ceiling and room smoke barriers were not fire stopped;</p> <p>a. The boiler room ceiling had three, one inch to three inch gaps around cable</p>	K010025	<p>K 025 It is the standard of this facility that smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3</p> <p><i>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The three holes in the boiler room been caulked with smoke retardant caulking and is now fire stopped. The two holes in the laundry room have also been caulked with smoke retardant caulking and is now fire stopped. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. The Maintenance Director and Administrator have rounded the building to ensure all areas of the building are fire stopped. 3. What measures will be put into place or what</i></p>	03/27/2013	

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	<p>bundles and electrical conduit ceiling penetrations with no fire stopping material.</p> <p>b. The laundry room ceiling had two, four inch areas of drywall separating from the ceiling from broken hangers used to support a four inch electrical conduit. The boiler room ceiling penetrations not being firestopped and the laundry room drywall separating from the ceiling was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the 1:15 p.m. exit conference on 02/27/13.</p> <p>3.1-19(b)</p>		<p><i>systemic changes will be made to ensure that the deficient practice does not recur? All staff has been reminded to alert Maintenance Director of any holes noted in ceiling, walls, flooring via maintenance repair request form. The Maintenance Director will continue with daily preventative maintenance program per company policy with added attention to ceilings. The Administrator will round with Maintenance Director weekly to ensure any newly developed gaps in smoke barrier are identified and corrected timely. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The weekly rounds conducted by Maintenance Director and Administrator will be brought to monthly QA Committee for review and discussion.</i></p> <p><i>Completion Date: 3/27/13</i></p>	

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K010147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 22 wet location resident care areas was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 2 residents who reside in resident room 8.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 02/27/13 at 12:20 p.m., resident room 8 had an electric receptacle on the wall within one foot of the handwash sink with no ground</p>	K010147	<p>K147</p> <p>It is the standard of this facility to ensure all electrical wiring and equipment is in accordance with NFPA 70, national Electrical Code. 9.1.2.</p> <p><i>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>A ground fault circuit interrupter (GFCI) to protect against electric shock has been installed in room # 8.</p> <p><i>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</i></p> <p>The Maintenance Director and Administrator have rounded the building to ensure all areas which require a ground fault circuit interrupter (GFCI) in fact have a GFCI in place.</p> <p><i>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p>	03/27/2013			

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	<p>fault circuit interrupter on the electric outlet. Based on observation of the main electrical breaker panel with the maintenance supervisor at the time of observation, the circuit breaker for the electric outlet was not provided with GFCI protection. This was confirmed by the administrator at the exit conference on 02/27/13 at 1:15 p.m.</p> <p>3.1-19(b)</p>		<p>The Administrator will round with the Maintenance Director on a weekly basis ensuring all wet locations are provided with GFCI protection against electric shock. The Maintenance Director has been in-serviced regarding GFCI requirements with reminder to ensure when resident room renovations occur and sinks are moved to double check GFCI protection.</p> <p><i>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</i></p> <p>The weekly rounds conducted by Administrator and Maintenance Director will be brought to the monthly QA Committee for review and discussion.</p> <p><i>Completion Date: 3/27/13</i></p>	