

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155565	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/19/2012
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SUNSET	STREET ADDRESS, CITY, STATE, ZIP CODE 1109 S INDIANA ST GREENCASTLE, IN 46135
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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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/19/12</p> <p>Facility Number: 000418 Provider Number: 155565 AIM Number: 100274870</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Hickory Creek at Sunset was found not in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for the areas noted. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridor. The facility has battery operated smoke detectors in 35 resident rooms. The facility has a capacity of 68 and had a census of 49 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance in regard to</p>	K0000	<p>Plan of Correction - Life Safety QA walk through 9/19/12 This Plan of Correction constitutes the written Allegation of compliance for the Deficiencies cited. However, 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. Hickory Creek at Sunset desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance effective 10/30/12.</p>	

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>smoke detector coverage.</p> <p>All areas where the residents have customary access are sprinklered, except the bathroom closet in resident room 13. All areas providing facility services were sprinklered, except the north and south clean linen closets on west wing, the detached wood mini barn used as a staff break room/smoking area and a wood frame garage used by the maintenance supervisor as an office and storage area.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practice could affect any occupant within the facility.</p> <p>Findings include:</p>	K9999	<p>What corrective action will be done:No residents were affected by the deficient practice.A bid was obtained on October 1, 2012 with approval granted and SafeCare has been notified to install the sprinklers with work scheduled to be completed by October 30th.How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? There are no other closets in the facility that do not have a sprinkler present.What measures will be put into place to ensure this practice does not recur?All closets have a sprinkler present.How will corrective action be monitored to ensure the deficient practice does not recur? Any new closet construction will be reviewed by maintenance director and Administrator to assure a sprinkler is installed.Date of completion: October 30, 2012</p>	10/30/2012			

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	<p>Based on observation with the Administrator on 09/19/12 between 11:45 a.m. to 1:00 p.m., the following was noted:</p> <p>a) The bathroom closet in resident room 13 lacked sprinkler coverage.</p> <p>b) The north and south clean linen closets on west wing lacked sprinkler coverage.</p> <p>Based on interview during the time of observation, the Administrator acknowledged the facility lacked sprinkler coverage in the room 13 bathroom closet and the two clean linen closets on the west wing.</p> <p>3.1-19(ff)</p>			