

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 02/08/2013
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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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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 483.70(a).</p> <p>Survey Date: 02/08/13</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, spaces open to the corridors and single station smoke detection in all resident sleeping rooms. The facility has</p>	K0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, the submission of the Plan of Correction is not an admission that a deficiency exist or that one is cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at Columbus desires this Plan of Correction to be considered the facility's allegation of Compliance. Compliance is effective February 22, 2013.</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>a capacity of 38 and had a census of 34 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 02/13/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0050 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 02/08/13 at 2:04 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 12/11 to 12/12, indicated the fire alarm system had been</p>	K0050	<p>K050 NFPA 101 Life Safety Code Standard</p> <p>It is the policy and standard of this facility to hold fire drills at unexpected times under varying conditions at least quarterly on each shift.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>- Beginning with the next schedule fire drill and all those there after during the times of 6:00am – 9:00pm in 2013 the Maintenance Supervisor will contact the facility's fire alarm system monitoring company, Safe care to verify Safe care received the transmission of the fire alarm signal.</p> <p><u>How will Hickory Creek at Columbus identify others affected by the alleged deficient practice?</u></p> <p>No resident has been affected by this deficient practice.</p>	02/22/2013			

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	<p>activated, but the verification of the transmission of the signal was not documented. Based on interview on 02/08/13 at 2:05 p.m. it was acknowledged by Maintenance Supervisor, none of the fire drill reports documented the transmission of the signal was received by the monitoring station.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p><u>What measures will Hickory Creek at Columbus put into place so the alleged deficient practice will not recur?</u></p> <p>The Maintenance Supervisor will document on the facility's fire drill form after each fire drill conduct during the time of 6:00am – 9:00pm that Safe care received the transmission of the fire alarm signal.</p> <p>- <u>How will Hickory Creek at Columbus monitor its corrective actions?</u></p> <p>The Maintenance Supervisor will verify with the facility's fire alarm monitoring company Safe care to ensure Safe care received the transmission of the fire alarm signal. He will document that the transmission was received on the facility's fire drill form. The Administrator will review the form to ensure Safe care has been contacted and did receive the fire drill transmission.</p> <p>- - -</p>		

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K0144 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 record review and interview, the facility failed to document the alternate source of power from the generator was capable of automatically connecting to load within 10 seconds for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3.5.3.1 requires the emergency system to be arranged so, in the event of failure of the normal power source, the alternate source of power will automatically connect to load within 10 seconds. This deficient practice could affect all residents in the facility as well as visitors and staff if it could not be assured all residents were safeguarded by the facility with a generator which would operate under load conditions when needed during a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 02/08/13 at 2:42 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load</p>	K0144	<p>K144 NFPA 101 Life Safety Code Standard</p> <p>It is the policy and standard of this facility that generators are inspected weekly and exercised under load for 30 minutes per month.</p> <p><u>How will corrective action be accomplished?</u></p> <p>- The Maintenance Supervisor will document the number of seconds for the generator to transfer the load on the facility's Weekly/Monthly Generator Inspection Sheet.</p> <p><u>How will Hickory Creek at Columbus identify others affected by the alleged deficient practice?</u></p> <p>No resident has been affected by this alleged deficient practice.</p> <p><u>What measures will be put into place so the alleged deficient practice will not recur?</u></p> <p>During the Maintenance Supervisors monthly generator test he will document the number of seconds the generator took to transfer the load on the Weekly/Monthly Generator</p>	02/22/2013			

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	<p>was not documented. Based on interview on 02/08/13 at 2:43 p.m. with the Maintenance Supervisor, it was acknowledged the information on the time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented.</p> <p>3.1-19(b)</p>		<p>Inspection Sheet.</p> <p><u>How will Hickory Creek at Columbus monitor its corrective actions?</u></p> <p>The Maintenance Supervisor will document during his monthly generator testing the number of seconds the generator took to transfer the load on the Weekly/Monthly Generator Inspection Sheet. The Administrator will review the Weekly/Monthly Generator Inspection Sheet after the monthly inspection to ensure the number of seconds are documented.</p>		