

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155649	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/14/2014
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NAME OF PROVIDER OR SUPPLIER  MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460
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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
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: 10/14/14</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, McCormick's Creek Rehabilitation &amp; Skilled Nursing Care 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident rooms</p>	K010000	Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.	

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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K010130 SS=C	<p>and spaces open to the corridors. The facility has a capacity for 87 and had a census of 69 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached shed.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/20/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review, and interview, the facility failed to ensure 2 of 3 service water heaters (SWH) had certificates of inspection. LSC 19.1.1.3 requires all health facilities to be maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/14/14 between 10:45 a.m. and 2:00 p.m., a 100</p>	K010130	<p>1. The residents involved in the alleged practice was not negatively affected by the practice. 2. Residents could have been effected by the hot water heaters if they were not installed properly. 3. We will call a supervisor with the boiler division if the inspector does not give an exact date and time for inspection. 4. The Mtc Director will ensure that all new water heater certifications are followed up in a timely manner. 5. The inspection was completed on 10/24/14.</p>	10/24/2014			

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	<p>gallon water heater in the mechanical room providing hot water for the facility domestic service had no certificate of inspection. A second 100 gallon water heater provided for the laundry had no certificate of inspection. The maintenance director said at the time of observations, the water heaters had been installed by a certified plumber within the last three months. He said the plumbing contractor billed the facility but had provided no documentation to reflect the water heaters were installed in accordance with the plumbing code requirements. He said he had called and sent emails to the Field Inspector at the Boiler and Pressure Vessel Safety Section at the Indiana Department of Homeland Security after each SWH was installed but the inspections had not yet been performed. He provided the emails confirming the response by the Field Inspector that he would "get by there the next trip to the area." The Field Inspector did not provide a date for the inspections.</p> <p>3.1-19(b)</p>			