

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  12/01/2011
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 5480 E 25TH ST COLUMBUS, IN47203
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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: 12/01/11</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, submission of the plan of correction is not an admission that a deficiency exist of that one is cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.</p> <p>Hickory Creek at Columbus desires this plan of correction to be considered the facility's allegation of compliance. Compliance is effective December 15, 2011.</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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K0051 SS=F	<p>a capacity of 38 and had a census of 36 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/07/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm</p>	K0051	<p>K 051</p> <p>It is the standard and policy of this facility to have a fire alarm system with approved components in accordance with NFPA 72.</p>	12/15/2011	

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	<p>circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/01/11 at 3:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on interview on 12/01/11 at 3:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown..</p> <p>3.1-19(b)</p>		<p>- <u>What corrective action will be done by the facility?</u> The Maintenance Supervisor misunderstood the question when asked by the LSC Surveyor and gave the wrong answer. The fire alarm panel disconnect is identified with a red marking and is labeled Fire Alarm Circuit Control. The fire alarm panel disconnect is located in a locked fenced in area in the back of the building which only authorized personnel have access to.</p> <p>- <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> No resident has been affected by this practice because the fire alarm panel does meet the intent of NFPA 72.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u> The breaker for the fire alarm panel will continue to be in place. The Maintenance Supervisor will observe the breaker during routine preventative maintenance rounds. Any issues noted with the breaker will be brought to the Administrator.</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p>		

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K0064 SS=E	<p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient</p>	K0064	<p>The Maintenance Supervisor will observe the breaker through routine preventative maintenance rounds. The Administrator will monitor for compliance through review of the preventive maintenance records.</p> <p>K 064</p> <p>It is the standard and policy of this facility that portable fire extinguishers are provided in all health care occupancies in accordance with NFPA 10.</p> <p><u>What corrective action will be taken by the facility?</u> A placard was ordered for the K extinguisher in the kitchen from Allied Safety Services on 12/2/11. The placard will say "Warning in case of appliance fire, use this extinguisher after fixed suppression system has been actuated".</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> No residents have been affected by this practice.</p> <p><u>What measures will be put into place to ensure this practice does</u></p>	12/15/2011	

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	<p>practice could affect any residents using the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 12/01/11 at 2:08 p.m. with the Maintenance Supervisor, there was a K class extinguisher conspicuously placed next to the entry door to the kitchen, but it lacked a placard. Based on interview on 12/01/11 at 02:10 p.m. with the Maintenance Supervisor, it was acknowledged the K class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>		<p><u>not recur?</u></p> <p>The placard will be placed above the K extinguisher once the facility receives it from Allied Safety Service. The Dietary Manager will observe the placard for proper placement during his daily kitchen rounds. If the Dietary Manager should notice an issue with the placard he will alert the Maintenance Supervisor.</p> <p><u>How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>-</p> <p>The Dietary Manager will observe the placard during his daily rounds in the kitchen. Any issues noted with the placard will be forwarded to the Maintenance Supervisor. The Administrator will monitor the placard during daily rounds and follow up as needed.</p>		

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K0074 SS=E	<p>Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure 28 of 36 cubicle curtains installed in sprinklered areas were in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. The lack of cubicle curtain and sprinkler location coordination may obstruct the sprinkler spray onto the fire or may shield the heat from the sprinkler. This deficient practice could affect all residents in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 12/01/11 during the tour between 12:17 p.m. and 3:30 p.m. with the Maintenance Supervisor, the privacy curtains in resident room numbers</p>	K0074	<p>K 074</p> <p>It is the standard and policy of this facility that cubicle curtains are in accordance with the provisions of NFPA 13.</p> <p><u>What corrective action will be taken by the facility?</u> Rooms 1, 2, 4, 5, 6, 9, 10, 12, 13, 14, 15, 16, 17, and 18 were measured on 12/14/11 for new privacy curtains. The measurements were submitted to First Choice Medical Supply on 12/15/11. The facility is waiting for a quote and once received an order will be placed. The facility has been told an order for privacy curtains takes six to eight weeks to be completed.</p> <p><u>How will the facility identify other residents having the potential to</u></p>	12/15/2011	

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	<p>1, 2, 4, 5, 6, 9, 10, 12, 13, 14, 15, 16, 17, 18 with two privacy curtains in each room lacked a 1/2 inch diagonal mesh, or 70 percent open weave top panel, extending eighteen inches below the sprinkler deflector. Based on interview on 12/01/11 concurrent with observations made with the Maintenance Supervisor, it was acknowledged all resident rooms mentioned above had an open diagonal mesh which extended only twelve inches below the sprinkler heads.</p> <p>3.1-19(b)</p>		<p><u>be affected by the same practice and what corrective action will be taken?</u> No resident has been affected by this practice.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u> Once the privacy curtains have been received the Maintenance Supervisor will measure the mesh to ensure the mesh falls 18 inches below the sprinkler head. These measurements will be reviewed by the Administrator to ensure compliance.</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> When new privacy curtains are needed the Maintenance Supervisor will ensure the mesh measures 18 inches below the sprinkler heads. These measurements will be given to the Administrator who will monitor for over all compliance of privacy curtains</p>		