

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155543	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2011
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 GRANT ST HUNTINGTON, IN46750
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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: 07/14/11</p> <p>Facility Number: 000346 Provider Number: 155543 AIM Number: 100288320</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Huntington 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</p>	K0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction 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 Huntington desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on August 5, 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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K0056 SS=D	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detector in the resident rooms. The facility has a capacity of 38 and had a census of 34 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/19/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 3 kitchen sprinkler</p>	K0056	<u>K056</u> It is the policy of this facility to ensure that sprinkler heads are at least six feet apart when installed and to support any	08/05/2011			

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	<p>heads were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice was not in a resident care area but could affect any number of staff in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 07/14/11 at 10:50 a.m., two sprinklers above the cooler in the kitchen were located five feet seven inches apart. Measurements were provided by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 kitchen armovers in the sprinkler system was installed in accordance with the requirements of NFPA 101, 2000 edition, Sections 19.3.5 and 9.7. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative</p>		<p>armover that is greater than 24 inches in length. <u>What corrective action will be done by the facility?</u> The facility will install a support for the armover and will move the sprinkler head in the kitchen to assure at least 6 feet of separation is maintained between any two sprinkler heads. <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 were affected by the alleged deficient practice. The sprinkler head will be moved to assure at least 6 feet of separation is between any two heads, and the armover in question will be supported. <u>What measures will be put into place to ensure this practice does not recur?</u> Anytime a sprinkler head is changed out or relocated the maintenance man or designee will assure that there is at least 6 feet of separations between any two sprinkler heads. <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Maintenance man or designee will round the facility to check that any existing sprinkler heads have at least 6 feet spacing between them. Any findings will be brought to the monthly QA&amp;A committee so that any potential problems can be addressed. Date of compliance: August 5, 2011</p>		

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	<p>horizontal length of an unsupported armovert to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice was not in a resident care area but could affect any number of staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 07/14/11 at 10:52 a.m., there was an unsupported armovert of the sprinkler pipe measuring forty eight inches in length from the main sprinkler line in the kitchen. The sprinkler pipe was painted white therefore the type of pipe used could not be determined. Measurements were provided by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>				

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K0076 SS=E	<p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 enclosed areas used for storage of oxygen was of noncombustible construction and located at least twenty feet from a smoking area. NFPA 99, Section 8-3.1.11.2(a) states storage locations shall be outdoors in an enclosure of noncombustible construction. NFPA 99, Section 8-3.1.11.2(i) states smoking, open flames and other sources of ignition shall be prohibited within storage locations and within 20 feet of outside storage locations. This deficient practice could affect any resident of staff in the smoking area.</p> <p>Findings:</p> <p>Based on an observation with the Maintenance Supervisor on</p>	K0076	<p><u>K076</u></p> <p>It is the policy of this facility to ensure that any designated smoking areas are at least 20 feet away from the oxygen storage shed.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>The facility will move the designated smoking area to satisfy the appropriate distance of at least 20 feet.</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></p> <p>No residents were affected by the alleged deficient practice, however the smoking area will be placed at a distance greater than twenty feet from the oxygen storage shed.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Administrator and Maintenance man will move the designated smoking area to at least 20 feet away from the oxygen storage shed. Staff will be in-serviced on the proper designated smoking area to be used</p>	08/05/2011	

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	07/14/11 at 2:30 p.m., a hard plastic shed was used to store three stationary liquid oxygen units. According to the Maintenance Supervisor measurements this shed was located eleven feet from the smoking area.  3.1-19(b)		during smoking breaks. <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Maintenance man or designee will randomly check the smoking area during smoking breaks to ensure that the proper distance is maintained. Any findings will be brought to the monthly QA&A meeting for recommendations. Date of compliance: August 5, 2011		