

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155392	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2014
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT KENDALLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 S MAIN ST KENDALLVILLE, IN 46755
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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: 02/21/14</p> <p>Facility Number: 000402 Provider Number: 155392 AIM Number: 100288120</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Kendallville 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 II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the</p>	K010000		

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>corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 36 and had a census of 20 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a barn providing facility services that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/24/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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>Based on observation and interview, the facility failed to ensure only one type of sprinkler head i.e. quick response or standard sprinklers were installed in 2 of 2 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 02/21/14 from 12:50 p.m. to 12:57 p.m., there was a ceiling mounted quick response sprinkler head at the rear and the side</p>	K010056	Attached for your review and anticipated approval, is the completed Plan of Correction for the recent Life Safety Code Survey, Event MCDV21, conducted on February 21, 2014 at Hickory Creek at Kendallville, Kendallville, IN. Please be advised that it is our intent to have this Plan of Correction also serve as our Allegation of Compliance. Compliance is effective on March 6, 2014. A desk review of this Plan of Correction is respectfully requested. Should you have any questions regarding the attached Plan of Correction, please do not hesitate to contact me. Sincerely, Annette Weber, RN, HFA (Facility: 402) (Provider No: 15 5392) K 056 It is the practice of this facility to maintain the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of	03/06/2014			

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	<p>emergency exit doors. The remaining sprinkler heads in the corridor were standard response sprinkler head with the thick glass rods. At the time of observations the Maintenance Director confirmed the sprinkler heads at the rear and side emergency exit doors were the quick response type.</p> <p>3.1-19(b)</p>		<p>Sprinkler Systems and continue proper maintenance and inspection.WHAT CORRECTIVE ACTION WILL BE DONE BY THE FACILITY? The two sprinklers identified at the time of the survey located at the rear and side emergency exit doors have been replaced with standard response sprinkler heads. HOW WILL THE FACILITY IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN? At the time of this deficient practice, no residents were affected.WHAT MEASURES WILL BE PUT INTO PLACE TO ENSURE THAT THIS PRACTICE DOES NOT RECUR? This Life Safety Code Standard has been reviewed with the Maintenance Director and when any new sprinkler is installed, he will inspect it prior to installation to ensure that it is the appropriate sprinkler head. The inspection will be documented.HOW WILL THE CORRECTIVE ACTION BE MONITORED TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR AND WHAT QA MEASURES WILL BE PUT IN PLACE?The facility will continue to ensure that the Sprinkler System is properly maintained in accordance with NFPA 25 with scheduled inspections and testing and the system will be fully supervised. The maintenance,</p>	

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			inspection, testing, and supervision of the system will continue to be documented. This documentation will be submitted monthly x 4 months and quarterly thereafter by the Maintenance Director at the monthly QA meetings which are overseen by the Administrator.	