

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155419		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/13/2011	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT CRAWFORDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 817 N WHITLOCK AVE CRAWFORDSVILLE, IN47933			
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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: 07/13/11</p> <p>Facility Number: 000533 Provider Number: 155419 AIM Number: 100267230</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Crawfordsville 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 (000) 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 Crawfordsville desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on August 2, 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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K0144 SS=F	<p>sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors and battery powered smoke detectors in each resident room. The facility has a capacity of 36 and had a census of 33 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/15/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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 interview and record review, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires testing of</p>	K0144	<p>K144</p> <p>It is the policy of this facility to ensure that generators are inspected weekly and exercised under load for thirty (30) minutes per month. Although two documented tests were missing there were tests completed every other week for the 4 weeks</p>	08/02/2011			

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	<p>the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.1 requires generator sets in Level 1 and 2 service, including all appurtenant components, shall be inspected weekly. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the Weekly Generator Inspection Log with the administrator and regional maintenance director on 07/13/11 at 1:30 p.m., documentation of the weekly generator inspections was missing between 06/07/11 and 06/21/11 and between 06/21/11 and 07/05/11. The regional maintenance director said at the time of record review, the emergency generator ran weekly automatically and there was</p>		<p>reviewed.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>The Regional Director of Maintenance trained the administrator and other department supervisors on how to do the weekly generator test on 7/13/2011, in the absence of a Maintenance Supervisor. A schedule has been implemented and will be followed to assure that the weekly testing occurs.</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>All residents have the potential to be affected by the alleged practice, but no residents were affected by this alleged incident as when tested, the generator functioned properly.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>Trained department supervisors will be assigned to do the weekly generator test (every Tuesday) and it will be reviewed during the next morning (Wednesday) stand up meeting to ensure completion and proper documentation.</p>		

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K0147 SS=E	<p>nobody to document it's condition at the time. The facility maintenance man had left for other employment. He agreed the record was incomplete.</p> <p>3.1-19(b)</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 flexible cords were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect visitors, staff and 21 residents in the west smoke compartment.</p> <p>Findings include:</p> <p>Based on observations with the administrator on 07/13/11 between 12:15 p.m. and 1:30</p>	K0147	<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> <p>The documentatton and results of tthe weekly ttesting will be reviewed by tthe Administratrator weekly and att tthe monththly QA Committee Meeting. Conttnued monittoring will be att tthe discretton of tthe QA Committee.</p> <p>K147</p> <p>It is the policy of this facility to have electrical wiring and equipment in accordance with NFPA 70, National Electric Code 9.1.2</p> <p><u>What corrective action will be done by the facility?</u></p> <p>Facility Administratrator contacted Life Safety Survey Supervisor tto dettermine tthe allowed parametters for tthe use of power sttrip extensions Life Safety Survey Supervisor indicatted tthatt sttrips could be used if mountted onto a wall, away from residentt's beds tto nott allow any liquid tto spill into tthem. All rooms were evaluatted and all power sttrip extensions will be</p>	08/02/2011	

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	<p>p.m., power strip extension cords were located at the foot of resident beds to power televisions and other miscellaneous personal appliances in rooms 7, 9, and 13. The administrator said at the time of observations, she thought power strips were acceptable if they had surge protection.</p> <p>3.1-19(b)</p>		<p>mounted on the wall away from resident's beds by 8/1/2011, per Life Safety Survey Supervisor direction</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>All residents have the potential to be affected by the alleged practice, but no residents were affected due to the location of the extension strips and what was plugged into the strips.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>Facility Administrator and/or designee will make rounds weekly to ensure power strip extensions are mounted and positioned correctly, as well as appropriate electronic devices plugged into them. Any identified issues related to power strip extensions will be addressed immediately.</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> <p>The documentation and results of the weekly rounds will be reviewed by the Administrator weekly and at the monthly QA Committee</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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