

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155211	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2013
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT LEBANON	STREET ADDRESS, CITY, STATE, ZIP CODE 1585 PERRY WORTH RD LEBANON, IN 46052
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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
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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: 06/18/13</p> <p>Facility Number: 000118 Provider Number: 155211 AIM Number: 100290470</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at Lebanon 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Battery powered smoke detectors are located in resident rooms.</p>	K010000	<p>K000 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 by state and federal law.</p>	
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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>The facility has the capacity for 64 residents and had a census of 36 at the time of this survey.</p> <p>The detached smoke hut where residents have customary access and a detached garage and a shed housing the generator and fire pump were unsprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/24/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K010147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 the policy restrictions for flexible cords was enforced and multitap adapters were not used as a substitute for fixed wiring in 1 of 5 smoke compartments. National Fire Protection Association, (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 19 residents in the 200 hall north smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 06/18/13 between 10:45 a.m. and 12:30 p.m., power strip extension cords were in use under and beside resident beds in rooms 218 and 216. In addition, a multitap adapter was in use in resident room 216. The Administrative Policy & Procedure Manual # ADM-L004 reviewed 06/18/13 at 2:05 p.m. with the maintenance director states: "Power strips not used in resident rooms in the "resident vicinity", which</p>	K010147	<p>K147 It is the policy and standard of this facility to ensure flexible cord restrictions are enforced and that no multitap adapters are used as a substitute for fixed wiring. 1. Describe what the facility did to correct the deficient practice cited in the deficiency. On 6/18/2013, the multitap adapter and extension cords were removed from resident rooms 218 and 216. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. This practice had the potential to affect visitors, staff, and 19 residents in the 200 hall north smoke compartment. On 6/18/2013, the multitap adapter and extension cords were removed from resident rooms 218 and 216. Additionally, all resident rooms in the facility will be inspected for presence of extension cords and multitap adapters, with corrective action taken as necessary, by 7/6/2013. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services,</p>	07/06/2013			

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	means the area around the resident bed." The maintenance director said at the time of observation, the electrical equipment was prohibited but family members brought in these devices without his knowledge. 3.1-19(b)		but this also should include any system changes you made. Residents and families will be educated upon admission regarding the prohibition of extension cord and multitap adapter use in resident rooms. Instruction will be given that all electronic devices wished to be brought into the facility, must be presented to the Maintenance Director for inspection and assurance of proper installation in resident rooms. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Ongoing, the Maintenance Director will inspect all resident rooms on a weekly basis to ensure no extension cords or multitap adapters are present. Any issues found will be brought to the monthly Quality Assurance Committee meeting for review and recommendations for further action.		