

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  10/06/2015
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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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K 0000  Bldg. 01	<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: 10/06/15</p> <p>Facility Number: 000402 Provider Number: 155392 AIM Number: 100288120</p> <p>At this Life Safety Code survey, Hickory Creek at Kendallville 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, areas open to the 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>	K 0000	K 000 Attached for your review and approval, is the completed Plan of Correction for the recent Life Safety Code Survey, Event ID VHMY21, conducted on October 6, 2015 at Hickory Creek at Kendallville, Kendallville, Indiana. 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 10-14-15. A Desk Review/Paper Compliance of this Plan of Correction is respectfully requested.	

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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K 0062 SS=D Bldg. 01	<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 completed 10/07/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 3 of 3 corroded sprinkler heads in the Mechanical Room. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation on with the Maintenance Director and Administrator</p>	K 0062	<p><b>Survey Type</b> __Initial _X_Annual __Complaint __Revisit __Monitoring <b>Survey</b> <b>Exit Date</b> _10_/_6_/_15_ <b>CMS-2567L Received</b> _10_/_9_/_15_ <b>POC Due</b> 10_/19_/15_ <b>Tag #</b> K_062__ <b>Scope &amp; Severity</b> __A__B__C_X_D__E__F__G __H__I__J__K__L <b>Brief</b> <b>Description</b> It is the practice of this facility to maintain the automatic sprinkler system in accordance with NFPA 13 and 25, standard for the installation of sprinkler system and continue proper maintenance and inspection. <u>Sample Corrective Actions</u> Performing new assessments Seeking resident council input Revising/updating care plans Conducting resident/family interviews Performing in-service training</p>	10/14/2015

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	<p>on 10/06/15 at 11:59 a.m., the Mechanical Room sprinkler heads were corroded with a green substance. Based on interview at the time of observation, the Maintenance Director and Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>		<p>Increasing staffing Writing/revising policies and procedures Purchasing ancillary services/products Obtaining consulting assistance Cleaning/maintaining physical environment <b>POC Element#1</b> <b>How will corrective action be accomplished for those residents found to have been affected by the deficient practice? __/__/__ (Title of responsible corrector) will implement corrective actions for residents(insert resident identifier numbers) affected by this practice, including: (List specific, corrective actions for each resident) (Specify date by which all corrective actions will be completed)</b> The three sprinkler heads identified at the time of the survey located in the mechanical room were replaced on 10-14-15.</p> <p><b>POC Element#2 How will the facility identify other residents having the potential to be affected by the same deficient practice? __/__/__ (Title of</b></p>	

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			<p><i>responsible corrector) will assess residents having the potential to be affected by this practice, including: (List specific, corrective actions for other residents at risk) (Specify date by which all corrective actions will be completed)</i></p> <p>All residents have the potential to be affected by this practice, but none have been identified as being affected at this time.</p> <p><b>Plan of Correction Worksheet – Page 2</b></p> <p><u>Sample Monitoring Activities</u> Observing Staff Performance Conducting resident/family interviews Conducting floor rounds Performing mock surveys Completing checklists Performing quality assurance surveys Reviewing reports Reviewing inventory levels Auditing records <b>POC</b> <b>Element#3 What measures will be put into place or systematic changes made to ensure that the deficient practice will not</b></p>	

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			<p><b>recur? __/__/__ (Title of responsible corrector) will implement measures to ensure that this practice does not recur, including: (List specific, corrective actions for system changes) (Specify date by which all corrective actions will be completed)</b></p> <p>This Life safety code standard has been reviewed with the Maintenance Director. The Maintenance Director will inspect all sprinkler heads on a monthly basis and replace any sprinkler which is painted, corroded, damaged, loaded, or in the improper orientation. This inspection will be documented and reviewed with the Administrator.</p> <p><b>POC Element#4 How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? __/__/__ (Title of responsible corrector) will monitor corrective actions to ensure the effectiveness of these actions, including: (List specific,</b></p>	

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K 0147 SS=D Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords were not used as a substitute for fixed wiring to provide power equipment.	K 0147	<i>corrective actions for monitoring activities) (Specify date by which all corrective actions will be completed)</i>  The facility will continue to ensure that the sprinkler system is properly maintained in accordance with NFPA 13 and 25 with scheduled inspections of the system and will be documented and submitted monthly X 4 months and quarterly thereafter by the Maintenance Director at the monthly QA meetings which are overseen by the Administrator.  <b>Date of Correction</b> 10__/14__/_/15_  Plan of Correction Worksheet Life Safety <b>Survey Type</b> __Initial	10/13/2015	

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	<p>NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Director and Administrator on 10/06/15 at 12:15 p.m., a surge protector was powering another surge protector powering computer components in the Director of Nursing office. Based on interview at the time of observation, the Maintenance Director and Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>		<p><u>X</u> Annual <u>  </u> Complaint <u>  </u> Revisit <u>  </u> Monitoring <b>Survey Exit Date</b> <u>  </u>/<u>  </u>/<u>  </u> <b>CMS-2567L</b> <b>Received</b> <u>  </u>/<u>  </u>/<u>  </u> <b>POC Due</b> <u>  </u>/<u>  </u>/<u>  </u> <b>Tag #</b> <u>  </u> <b>K</b> 147 <u>  </u> <b>Scope &amp; Severity</b> <u>  </u>A <u>  </u>B <u>  </u>C <u>X</u> <u>  </u>D <u>  </u>E <u>  </u>F <u>  </u>G <u>  </u>H <u>  </u>I <u>  </u>J <u>  </u>K <u>  </u>L <b>Brief Description</b> It is the practice of this facility to comply with electrical wiring and equipment in accordance with NFPA 70, National electrical code.</p> <p style="text-align: right;"><u>Sample</u></p> <p><b>Corrective Actions</b></p> <p style="text-align: right;">Performing</p> <p>new assessments Seeking resident council input</p> <p>Revising/updating care plans Conducting resident/family interviews</p> <p>Performing in-service training Increasing staffing</p> <p>Writing/revising policies and procedures Purchasing ancillary services/products</p> <p>Obtaining consulting assistance Cleaning/maintaining physical environment</p> <p><b>POC Element#1      How</b></p>	

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			<p><b>will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b> _ / _ / _</p> <p><i>(Title of responsible corrector) will implement corrective actions for residents (insert resident identifier numbers) affected by this practice, including:</i></p> <p><i>(List specific, corrective actions for each resident)</i></p> <p><i>(Specify date by which all corrective actions will be completed)</i></p> <p>Both surge protectors were removed from the Director of Nursing office computer on 10-13-15.</p> <p><b>POC Element#2 How will the facility identify other residents having the potential to be affected by</b></p>	

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			<p><b>the same deficient practice?</b></p> <p>__ / __ / __</p> <p><i>(Title of responsible corrector) will assess residents having the potential to be affected by this practice, including:</i></p> <p><i>(List specific, corrective actions for other residents at risk)</i></p> <p><i>(Specify date by which all corrective actions will be completed)</i></p> <p>At the time of this deficient practice, no residents or staff were affected.</p> <p>However, in the future if the Administrator or Maintenance Supervisor find that surge protectors are being used, the protector(s) will be removed immediately from use. The Maintenance Supervisor will make sure that the equipment in use is plugged in directly into an appropriate outlet.</p> <p><b>Plan of Correction Worksheet –</b></p>	

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			<p><b>Page2</b></p> <p><u>Sample</u></p> <p><u>Monitoring Activities</u></p> <p>ObservingStaff Performance Conductingresident/family interviews</p> <p>Conductingfloor rounds Performingmock surveys</p> <p>Completingchecklists Performingquality assurance surveys</p> <p>Reviewingreports Reviewinginventory levels</p> <p>Auditingrecords</p> <p><b>POC Element#3 What measures will be put into placeor systematic changes made to ensure that the deficient practice will notrecur?</b></p> <p><u> / /</u></p> <p><i>(Titleof responsible corrector) will implement measures to ensure that this practicedoes not recur, including:</i></p> <p><i>(Listspecific, corrective actions for system changes)</i></p> <p><i>(Specifydate by which all corrective actions will be completed)</i></p> <p>The life safety code standard for electrical wiring and equipment in accordance with NFPA 70 has been reviewed</p>	
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			<p>with the Maintenance Director. The Maintenance Director inspected all areas of the facility to assure no other surge protectors were inadequately being used. No other areas were affected. The Administrator in-serviced all Department Managers on the standard and proper use of surge protectors. Any issue identified in the future will be addressed as indicated in question #2.</p> <p><b>POC Element#4 How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</b> _ / _ / _</p> <p><i>(Title of responsible corrector) will monitor corrective actions to ensure the effectiveness of these actions, including:</i></p>	

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			<p><i>(List specific, corrective actions for monitoring activities)</i></p> <p><i>(Specify date by which all corrective actions will be completed)</i></p> <p>The facility will continue to ensure that the use of surge protectors does not substitute the need for fixed wiring of a structure in accordance with NFPA 70 with scheduled inspections completed and documented by the Maintenance Director on a monthly basis. The documentation will be submitted monthly x 4 months and quarterly thereafter by the Maintenance Director at the monthly QA meeting which is overseen by the Administrator. Any recommendations made by the QA Committee will be followed up by the Maintenance Supervisor or Administrator, who will report the results of the recommendation back to the Committee at the next scheduled meeting.</p>	

