

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155424	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2012
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 5480 E 25TH ST COLUMBUS, IN 47203
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F0000	<p>This visit was for the Investigation of Complaint IN00111133.</p> <p>Complaint IN00111133 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: July 17 and 19, 2012</p> <p>Facility number: 000284 Provider number: 155424 AIM number: 100290690</p> <p>Survey team: Jill Ross, RN TC Diana Sidell, RN (7/19/12) Cheryl Fielden, RN (7/19/12)</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicare: 32 Other: 2 Total: 34</p> <p>Sample: 9</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exist or that one is cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at Columbus desires this Plan of Correction to be considered the facility's allegation of Compliance. Compliance is effective July 20, 2012.</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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	Quality review 7/24/12 by Suzanne Williams, RN				

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F0465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORT ABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, record review and interview, the facility failed to ensure the appropriate storage temperature for paint, Kilz and bleach to ensure product integrity in that buckets of Kilz, paint and bleach were in the laundry room and the boiler room. This had the potential to affect all 34 residents.</p> <p>Findings include:</p> <p>During observation on 7/19/12 at 10:50 a.m., with the Maintenance Supervisor, there was a 5 gallon bucket of Kilz (multi-purpose stain blocker) sitting in the laundry room up against a running dryer.</p> <p>The Maintenance Supervisor, on 7/19/12 at 10:50 a.m., indicated the Kilz did not belong in the laundry room. It was to be kept in the boiler room.</p> <p>During observation on 7/19/12 at 10:55 a.m., with the Maintenance Supervisor, the boiler room was hot and there were two more 5 gallon buckets of Kilz, two 5 gallon buckets of paint, four 1 gallon cans of paint and four bottles of bleach.</p>	F0465	<p><u>What corrective action will be done by the facility?</u> On 7/19/12 the Kilz was removed from the laundry room. On 7/19/12 the Kilz, bleach and paint were removed from the boiler room.</p> <p>- <u>How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> An audit of the all MSDS sheets was conducted on 7/20/12 to ensure all chemicals were being stored appropriately. No further chemicals will be stored in the boiler room. All chemicals will be stored in the appropriate area in the facility per the MSDS.</p> <p>Upon arrival of a new chemical to the building the Environmental Supervisor will review the MSDS sheet. Based on that review, the Environmental Supervisor will then store the chemical in the appropriate place.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>- The Environmental Supervisor will no longer store chemical in the boiler room or laundry room.</p>	07/20/2012			

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	<p>The temperature of the boiler room was 95.0 degrees F at 3:27 p.m. on 7/19/12.</p> <p>On 7/19/12 at 10:55 a.m., the Maintenance Supervisor indicated he would move all the chemicals (Kilz, paint and bleach) from the boiler room immediately.</p> <p>An MSDS (material safety data sheet) for Kilz received on 7/19/12 at 10:45 a.m., from the DON (Director of Nursing), indicated: "...Section 7...Store in a cool, dry ventilated area away from sources of heat, combustible materials, and incompatible substances..."</p> <p>An MSDS for paint received on 7/19/12 at 12:55 p.m., from the DON, indicated: "...Section 5...Closed containers may explode (due to build-up of pressure) when exposed to extreme heat..."</p> <p>An MSDS for bleach received on 7/19/12 at 12:55 p.m., from the DON, indicated: "...7. Handling and Storage: Store in a cool, dry place..."</p> <p>3.1-19(f)</p>		<p>During daily rounds, the Administrator will observe the boiler room and laundry room to ensure no chemicals are stored in those areas.</p> <p>- Upon arrival of a new chemical to the building the Environmental Supervisor will review the MSDS sheet. Based on that review, the Environmental Supervisor will then store the chemical in the appropriate place.</p> <p>- <u>How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>- The Administrator will observe the laundry room and boiler room through daily rounds to ensure no chemicals are stored in those areas. The Environmental Supervisor will review all MSDS sheets upon arrival of new chemical to ensure proper storage. The Administrator will review any new MSDS sheets and storage areas of new chemicals monthly. This review will be brought before the QA committee monthly.</p>		