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 09/26/2012
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT CRAWFORDSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 817 N WHITLOCK AVE CRAWFORDSVILLE, IN 47933	

(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
K0000	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 09/26/12 Facility Number: 000533 Provider Number: 155419 AIM Number: 100267230 Surveyor: Bridget Brown, Life Safety Code Specialist 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. This one story facility was determined to be of Type II (000)	K0000	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 August 26, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	construction and was fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. Resident rooms were equipped with battery powered smoke detectors. The facility has a capacity of 36 and had a census of 35 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and to smoke detector coverage. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except three detached buildings used for oxygen storage, maintenance, and miscellaneous equipment storage. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/27/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT CRAWFORDSVILLE	817 N WHITLOCK AVE CRAWFORDSVILLE, IN 47933

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K0068 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure 1 of 1 laundry rooms was provided with makeup combustion air from the outside for rooms containing fuel fired equipment. NFPA 54, 1999 Edition of the National Fuel Gas Code, Section 6.4.3(b) requires for the provision for makeup air for Type 2 clothes dryers. A Type 2 clothes dryer is defined as "not designed for use in an individual family living environment." This deficient practice could affect visitors, staff and 18 or more residents in the east smoke compartment corridors. Findings include: Based on observation on 09/26/12 at 12:45 p.m. with the maintenance director, the laundry room had two, gas fueled dryers with no fresh air intake. Based on interview at the time of observation, the maintenance director acknowledged the two	K0068	It is the policy of this facility to have combustion and ventilation air for boiler, incinerator and heater rooms to be taken from and discharged to the outside air. *1. What corrective action will be done by the facility?* The maintenance supervisor found two fresh air intake vents that were capped and incapable of receiving fresh air the day the inspection was completed. Both vents were uncapped and fresh air comes into the laundry room. *2. How will the facility identify other residents having the potential to be*	09/26/2012

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	gas fueled dryers did not have a fresh air intake. 3.1-19(b)		*affected by this practice?* There were no other residents affected by this alleged deficiency. *3. What measures will be put into place to ensure the practice does not recur.* The maintenance supervisor will check the fresh air intake vents weekly, as part of his preventative maintenance program to ensure proper air flow and that vents are not blocked or capped. *4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place?* The maintenance supervisor will bring the	

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			results of the weekly checks to the monthly meeting of the Quality Assurance (QA) Committee for 90 days for further recommendations. The maintenance supervisor will check the fresh air intake vents weekly, as part of his preventative maintenance program to ensure proper air flow and that vents are not blocked or capped. ***Date of Compliance 9/26/12***	