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 12/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT CRAWFORDSVILLE	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
K010000	A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 12/05/14 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) 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	K010000		

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

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	detectors. The facility has the capacity for 36 and had a census of 36 at the time of this survey. All areas within the facility where residents have customary access were sprinklered. A detached shelter was unsprinklered. All areas providing facility services were sprinklered except three detached buildings used for oxygen storage, maintenance, and miscellaneous equipment storage. Quality Review by Dennis Austill, Life Safety Code Specialist on 12/08/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to provide the minimum protection between 2 of 2 commercial cooking appliances in the kitchen. NFPA 96, 9-1.2.3 requires deep fat fryers shall be installed with at least a 16 inch space between the fryer and surface flames from adjacent cooking equipment except where a steel or tempered glass baffle plate is installed at a minimum of eight	K010069	1. Describe what the facility did to correct the deficient practice for each resident in the deficiency. The baffle was ordered from the manufacturer and installed on the fryer on December 16, 2014. 2. Describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice. All residents could have been affected although no residents were	12/19/2014

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	inches in height between the adjacent appliances. This deficient practice could affect staff, visitors, and 10 or more residents in the adjoining physical therapy and dining room. Findings include: Based on observation of the commercial cooking appliances in the kitchen with the maintenance director on 12/05/14 at 11:30 a.m., the gas range and deep fryer were located side by side. No baffle was provided to separate the two appliances. The maintenance director said at the time of observation, he was unaware of the separation requirement. 3.1-19(b)		affected. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur. The Dietary staff has been in-serviced on use and installation/ removal and cleaning of baffle. 4. Describe how the corrective action will be monitored to ensure the deficient practice will not recur. The Maintenance Director or designee will check the baffle for placement 3 times a week for a month, then once a week during rounds for a month, and then randomly. The findings will be reviewed during QA meeting for compliance.	