

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155430	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2015
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 340 E 18TH ST ROCHESTER, IN 46975
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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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K 000 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: 04/27/15</p> <p>Facility Number: 000326 Provider Number: 155430 AIM Number: 100290770</p> <p>At this Life Safety Code survey, Hickory Creek at Rochester was found in substantial 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, in spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 36 and had a census of 34 at</p>	K 000	<p>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.</p> <p>Hickory Creek at Rochester respectfully requests that this Plan of Correction be accepted and considered for paper compliance.</p> <p>Hickory Creek at Rochester desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 05/7/2015</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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K 062 SS=B Bldg. 01	<p>the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had three detached sheds used for facility storage which were not sprinklered.</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 1 of 3 sprinklers in room three which had been painted. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested 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 18 residents in 1 of 2 smoke compartments</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance</p>	K 062	<p>K062. It is the policy of this facility to comply with NFPA 101 Life Safety Code Standard regarding sprinkler maintenance.</p> <p><u>What corrective action will be done by the facility?</u> On 05/06/2015 the Maintenance staff replaced the automatic sprinkler head in bathroom # 3.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective</u></p>	05/24/2015

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	<p>Supervisor on 04/27/15 at 10:40 a.m., the automatic sprinkler in the bathroom of room three had paint on the fusible link. Based on interview at the time of observation, the painted sprinkler head was acknowledged by the Maintenance Supervisor.</p> <p>3.1-19(b)</p>		<p><u>action will be taken?</u> No residents were found to be affected by this condition. All sprinkler heads have been inspected and there were none identified as having paint on them.</p> <p><u>What measures will be put into place to ensure that this practice does not recur?</u> All future painting contractors will be educated on correct covering of sprinkler heads by the Maintenance Supervisor or Administrator. As the contractors finish painting, the Maintenance Supervisor and Administrator will check the sprinkler heads to make sure that none have paint on them. If any of them does, the affected ones will be replaced as soon as possible.</p> <p><u>How will corrective action be monitored?</u> - Results of the Environmental inspections will be reviewed at the monthly QA&A committee</p>	

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			<p>meeting for 60days and until 100% compliance is attained.</p> <p>TheMaintenance/Environmental Supervisor will inspect all work done by paintingcontractors before, during, and after all painting has been performed. He willreport his findings to the QAA Committee at its monthly meeting, as well asreporting when any affected sprinkler heads have been replaced. This will occuron an ongoing basis as painting occurs within the facility.</p> <p>-</p> <p><u>Date ofcompliance: 5/24/15</u></p>		