

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155543	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 GRANT ST HUNTINGTON, IN 46750
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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 Shortened 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: 05/21/15</p> <p>Facility Number: 000346 Provider Number: 155543 AIM Number: 100288320</p> <p>At this Life Safety Code survey, Hickory Creek at Huntington 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 detector in the resident rooms. The facility has a capacity of 38 and had a census of 26 at</p>	K 000		
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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 050 SS=F 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 providing facility services including maintenance supplies, lawn care and miscellaneous supplies that were not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Report of Monthly Fire Drill" with the Administrator and Maintenance Man #1 on 05/21/15 at 10:40 a.m., there was no record of a second shift fire drill for the</p>	K 050	<p>It is the policy of this facility to hold fire drills at various times on all shifts, at least quarterly.</p> <p>1. <u>What corrective action will be done by the facility?</u> The facility will conduct fire drills at the least quarterly on each shift. The Maintenance Director will be inserviced by the Administrator on Life Safety Code regulation in reference to code K050 and conducting the drills at varying times and days of their</p>	06/10/2015

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	<p>third quarter of 2014. Based on an interview with the Administrator at the time of record review, Maintenance Man #1 mistakenly conducted an additional first shift fire drill instead of a second shift fire drill.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>occurrence.</p> <p>2. <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>The Maintenance Director will conduct fire drills quarterly on each shift at variable days and times. He will continue to document and monitor the fire drills and bring this documentation for three months to the monthly Quality Assurance meetings. Any concerns that arise will be brought to the immediate attention of the Administrator. If the Administrator finds that the fire drills are not being conducted as per policy and regulation, he will review the policy again and provide counseling to the Maintenance Director as indicated at the time.</p> <p>3. <u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Maintenance Director will create a fire drill calendar form that will schedule, in advance, the entire year of</p>		

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			<p>drills, on what day and ensure they are at varied times at leastquarterly on every shift. This information will be provided to theAdministrator only. The MaintenanceDirector will utilize this form to conduct the fire drills and will address anyconcerns immediately with the Administrator.</p> <p>4. <u>How will corrective action be monitored to ensurethe deficient practice does not recur and what QA will be put into place?</u></p> <p>The Maintenance Director willbring the results of the fire drills to the next scheduled monthly QA Committeemeeting for review, discussion, and recommendations. At the end of threemonths, when 100% compliance with fire drills has been reached, the committeemay not require any continued audits of the fire drills. However, the processput into place to assure fire drills occurring as per policy and regulationwill continue on an ongoing basis.</p>	