

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155649	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 02/13/2018
NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING			STREET ADDRESS, CITY, STATE, ZIP COD 210 STATE HWY 43 SPENCER, IN 47460	
(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)
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/13/18</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p> <p>At this Emergency Preparedness survey McCormick's Creek Rehabilitation & Skilled Nursing was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 87 certified beds. At the time of the survey, the census was 76.</p> <p>Quality Review completed on 02/21/18 - DA</p>		E 0000	preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.
K 0000 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 483.90(a).</p> <p>Survey Date: 02/13/18</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p>		K 0000	preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0346 SS=C Bldg. 01	<p>At this Life Safety Code survey, McCormick's Creek Rehabilitation & Skilled Nursing was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and has smoke detectors hardwired to fire alarm system in all resident sleeping rooms. The facility has a capacity of 87 and had a census of 76 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/21/18 - DA</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6 Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of residents indicating</p>		K 0346	1. No residents were involved in the alleged practice. No one was negatively affected by this	03/02/2018

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K 0354 SS=C Bldg. 01	<p>procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 02/13/2018 at 11:17 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to state that the person conducting the fire watch be both; a trained person and that person is to have no other responsibilities within the building at that time except the fire watch.</p> <p>Based on interview during the record review, the Maintenance Director acknowledged the fire watch documentation provided named "Emergency Procedure - Fire" at the Fire Watch #5 section C location in the Disaster Manual, did not cover both aforementioned items.</p> <p>3.1-19(b)</p> <p>NFPA 101</p> <p>Sprinkler System - Out of Service</p> <p>Sprinkler System - Out of Service</p> <p>Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is</p>			<p>practice. Policy was updated to the word trained person (Attachment A).</p> <p>2. No residents were affected, policy changed. Attachment A</p> <p>3. Staff were reeducated on the updated policy and trained on the fire watch emergency procedure. Return demonstration was done during an in-service to ensure competency on using the fire watch policy in an emergency procedure. (Attachment B) EOP updated</p> <p>4. The Mtc Director or designee will do audits on any future fire watches. The Mtc director will bring these to QAA Committee and will review findings over the next year and determine the need for further monitoring and /education per the qaa process. Compliance will be determined based on results of the audit.</p>

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	<p>provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of 103 of 103 residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 02/13/2018 at 11:19 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to state that the person conducting the fire watch be both; a trained person, and that person is to have no other responsibilities within the building at that time except the fire watch. Based on interview during the record review, the Maintenance Director acknowledged the fire watch documentation provided named "Emergency Procedure - Fire" at the Fire Watch #5 section C location in the Disaster Manual, did not cover both aforementioned items.</p> <p>3.1-19(b)</p>	K 0354	<ol style="list-style-type: none"> 1. No residents were involved in the alleged practice. No one was negatively affected by this practice. Policy was updated to the word trained person (Attachment A). 2. No residents were affected, policy changed. Attachment A 3. Staff were reeducated on the updated policy and trained on the fire watch emergency procedure. Return demonstration was done during an in-service to ensure competency on using the fire watch policy in an emergency procedure. (Attachment B) EOP updated 4. The Mtc Director or designee will do audits on any future fire watches. The Mtc director will bring these to QAA Committee and will review findings over the next year and determine the need for further monitoring and /education per the qaa process. Compliance will be determined based on results of the audit. 	03/02/2018