

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

PRINTED: 11/15/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155406		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/28/2022	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU				STREET ADDRESS, CITY, STATE, ZIP COD 390 W BOULEVARD PERU, IN 46970			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 09/13/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/28/22</p> <p>Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540</p> <p>At this PSR survey, Hickory Creek at Peru 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 36 certified beds. At the time of the survey, the census was 32.</p> <p>Quality Review completed on 10/31/22</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/13/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 10/28/22</p> <p>Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Shepherd

Executive Director

11/11/2022

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 disclosable 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 0353 SS=F Bldg. 01	<p>At this PSR survey, Hickory Creek at Peru was found not in 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 II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in resident sleeping rooms. The facility has a capacity of 36 and had a census of 32 at the time of this survey.</p> <p>All areas providing customary access to residents were sprinklered and all areas providing facility services were sprinklered except for the detached oxygen storage building and detached maintenance shed which were not sprinklered.</p> <p>Quality Review completed on 10/31/22</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p>						

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	<p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 Post Indicator Valve (PIV) on the automatic sprinkler system in accordance with NFPA 25. LSC 9.7.5 requires all 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, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review of the "Testing and Maintenance Wet Pipe Fire Sprinkler Systems" documentation dated 03/03/22 with Maintenance Director on 09/13/22 at 10:18 a.m., under the deficiencies section on page one of the report stated, "The PIV would not close completely." There was documentation reviewed on 10/28/22 at 12:00 p.m., showing a quote for repair and agreement of service. Based on interview at the</p>			K 0353	<p>K353</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The PIV valve repair quote was obtained, approved for repair completion actual day of repair has been rescheduled twice with contractor, date of scheduled repair to start is now set for 11/18/2022.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>No other repairs were recommended during the last sprinkler inspection.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The Administrator will stay in continuous contact with contractor, confirming date of</p>		12/12/2022

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	<p>time of record review, the Maintenance Director acknowledged the deficiency and stated repairs to the PIV will begin mid-November.</p> <p>The findings were reviewed with the Maintenance Director and the Administrator during the exit conference.</p> <p>3.1-19(b)</p>				<p>11/18/22 is the date set to start repair.</p> <p>The Administrator and Maintenance Director will review and follow up on all sprinkler inspection reports. Respond timely for repairs to be made.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The Administrator/designee will review sprinkler inspection reports with the Maintenance Director once repair is completed to ensure deficiency is no longer out of compliance.</p> <p>By what date the systemic changes will be completed:</p> <p>December 12,2022</p>		