PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XI) 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 DEFICIENCIE (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	REGULATORY OF	LISC IDENTIFYING INFORMATION		TAG	DEFICIENC!)		DATE
Bldg	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. Survey Date: 10/28/22 Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540 At this PSR survey, Hickory Creek at Peru was found in compliance with Emergency		E 00	000			
K 0000 Bldg. 01	Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 36 certified beds. At the time of the survey, the census was 32. Quality Review completed on 10/31/22		K 00	000			
	CFR Subpart 483.96 Survey Date: 10/28 Facility Number: 0 Provider Number: AIM Number: 100	0(a). 5/22 00475 155406					

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

(X6) DATE

TITLE

Brenda Shepherd **Executive Director** 11/11/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

Event ID: 1UUE22 Facility ID: 000475 If continuation sheet Page 1 of 4

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155406 IN WING IN	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	X2) MULTIPLE CONSTRUCTION (X3) DATE					
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU IXIN A6970 SUMMARY STATEMENT OF DEFICIENCE PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE REGULATORY OR LSc IDENTIFYING INFORMATION TAG A 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. 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. 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. Quality Review completed on 10/31/22 K 0353 SS=F SBIG, 01 SIMMARY STATEMENT OF DEFICIENCE BPREIX TAG PROFITE ATTORY OR SINCEDIMENT OF TAG PROFITE ACTORY OR SINCEDIMENT OF TAG CAS) CMSCHAPPOPOPUTE PRUI, IN 46970 PRUI	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155406						
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Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.		· ·							
Water-based Fire Protection Systems.			·						
·		1	-						
			-						
inspection and testing are maintained in a		1	_						
secure location and readily available.		1	_						
a) Date sprinkler system last checked									
b) Who provided system test									

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

1UUE22 Facility ID: 000475

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PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

		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 DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
TAG	c) Water system supply source 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 Based on record review and interview, the facility failed to maintain 1of 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		K 0353	K353 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The PIV value repair quote was obtained, approved for repair completion actual day of repair has been rescheduled twice we contractor, date of scheduled repair to start is now set for 11/18/2022.	12/12/2022 II n as ir vith		
	inspections, tests, and components and shad authority having jurt deficient practice of and visitors in the far Findings include: Based on records re Maintenance Wet P	ds shall be made for all and maintenance of the system all be made available to the risdiction upon request. This build affect all residents, staff, acility. Eview of the "Testing and ipe Fire Sprinkler Systems" d 03/03/22 with Maintenance		How other residents having a potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: No other repairs were recommended during the last sprinkler inspection. What measures will be put in place or what systemic aborgs will be made to	ne pe re		
	Director on 09/13/2 deficiencies section stated, "The PIV wo There was documer 12:00 p.m., showing	2 at 10:18 a.m., under the on page one of the report ould not close completely." tation reviewed on 10/28/22 at g a quote for repair and e. Based on interview at the		changes will be made to ensure that the deficient practice does not recur: The Administrator will stay in continuous contact with contractor, confirming date of			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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If continuation sheet

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

PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-039

ľ		X1) PROVIDER/SUPPLIER/CLIA	ſ ´		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER 155406	A. BUILDING <u>01</u>		01	COMPLETED		
155406			B. WING 10/28/2022					
NAME OF P	ROVIDER OR SUPPLIEI	3	STREET ADDRESS, CITY, STATE, ZIP COD					
HICKORY	Y CREEK AT PERI	1			BOULEVARD IN 46970			
			PERU, IN 46970					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)		
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			DATE COMPLETION	COMPLETION	
TAG		ew, the Maintenance Director		IAG	11/18/22 is the date set to sta	DATE		
		deficiency and stated repairs to			repair.			
	the PIV will begin:	•			The Administrator and			
	_				Maintenance Director will revi	iew		
	The findings were reviewed with the Maintenance			and follow up on all sprinkler inspection reports. Respond				
	Director and the Administrator during the exit							
	conference.				timely for repairs to be made.			
	3.1-19(b)				How the corrective action(s)			
	3.1-19(0)		will be monitored to ensure the					
					deficient practice will not			
					recur, i.e., what quality			
					assurance program will be put			
					into place:			
					The Administrator/designee w			
			review sprinkler inspection reports					
					with the Maintenance Directo			
					once repair is completed to el	nsure		
					deficiency is no longer out of compliance.			
					Compilatioe.			
					By what date the systemic			
					changes will be completed:			
				December 12,2022				

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 1UUE22 Facility ID: 000475 If continuation sheet Page 4 of 4