STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155427	A. BUILDING -- B. WING	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT MADISON	1945 CRAGMONT ST MADISON, IN 47250

(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 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/07/24 Facility Number: 000348 Provider Number: 155427 AIM Number: 100288390 At this Emergency Preparedness survey, Hickory Creek at Madison was found in compliance with Emergency 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 34. Quality Review completed on 11/08/24	E 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 11/07/24 Facility Number: 000348 Provider Number: 155427 AIM Number: 100288390 At this Life Safety Code survey, Hickory Creek at Madison was found not in compliance with	K 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Markietta Burns	HFA	11/21/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155427	A. BUILDING 01 B. WING	11/07/2024

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HICKORY CREEK AT MADISON	1945 CRAGMONT ST MADISON, IN 47250

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	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 has battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 36 and had a census of 34 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility storage were sprinklered except for two detached buildings which were not sprinklered. Quality Review completed on 11/08/24			
K 0364 SS=E Bldg. 01	NFPA 101 Corridor - Openings Based on observation, the facility failed to ensure 1 of over 25 corridor openings were free of transfer grilles as required by the LSC. Section 19.3.6.4.1 Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in corridor walls or doors. This deficiency could affect 14 residents plus staff and visitors near the Director of Nursing office and Nurses Station. Findings include: Based on the facility tour and interview with the Maintenance Director on 11/07/24 between 10:15	K 0364	**K 364** It is the practice of this facility to ensure transfer grilles are not used in corridor walls or doors. **The corrective action taken for those residents found to be affected by the deficient practice include:** The transfer grille between the Director of Nurses office and the Nurses station has been sealed. **Other residents that have the potential to be affected have been identified by:** 14 residents	11/19/2024

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	a.m. and 11:45 a.m., the wall between the Director of Nursing office and the Nurses Station had a louvered vent leading to an unsealed air supply. This practice would allow smoke originating in the Director of Nursing's office to penetrate into the nurse's station area and into the corridor. This finding was acknowledged by the Maintenance Director at the time of observation and again at the Exit Conference with the Maintenance Director and Executive Director present.		plus staff and visitors near the Director of Nurses office and the Nurses Station could be affected. Building was checked for other transfer grills and sealed as needed by the maintenance director. **The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur:** Maintenance Director removed transfer grille and sealed opening. **The corrective action taken to monitor performance to assure compliance through quality assurance is:** Executive Director/Maint Director shall continue to ensure all transfer grilles are in accordance with section 19.3.6.4.1 **Date of Completion: 11/19/24**	