

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

PRINTED: 06/03/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155417		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 05/20/2024	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/20/24</p> <p>Facility Number: 000421 Provider Number: 155417 AIM Number: 100288340</p> <p>At this Emergency Preparedness survey, Hickory Creek of Scottsburg 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 29.</p> <p>Quality Review completed on 05/21/24</p>			E 0000	<p>This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of the Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. <u>Hickory Creek of Scottsburg</u> would like to request a desk review. Please feel free to contact Rachel Colwell, if you need any additional information to support the desk review at 812-595-6125. Thank you for your consideration.</p>		
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 05/20/24</p> <p>Facility Number: 000421 Provider Number: 155417 AIM Number: 100288340</p> <p>At this Life Safety Code survey, Hickory Creek of Scottsburg was found in substantial compliance</p>			K 0000	<p>This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of the Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. <u>Hickory Creek of Scottsburg</u> would like to request a desk review. Please feel free to contact Rachel Colwell, if you need any additional information to</p>		

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

TITLE

(X6) DATE

Rachel Colwell

Administrator

05/29/2024

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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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
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K 0355 SS=B Bldg. 01	<p>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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 36 and had a census of 29 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except 3 detached sheds which were used for facility storage, employee breakroom, and oxygen storage</p> <p>Quality Review completed on 05/21/24</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to inspect 1 of 1 portable fire extinguishers in the maintenance office each month NFPA 10, Standard for Portable Fire Extinguishers, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic device / system at a minimum of 30-day intervals. Section 7.2.2 states periodic inspection or</p>			K 0355	<p>support the desk review at 812-595-6125. Thank you for your consideration.</p> <p><b>1.What corrective action will be accomplished for those K355-</b> It is the intent of this facility to ensure that portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, standard for portable fire</p>		06/19/2024

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	<p>electronic monitoring of fire extinguishers shall include a check of at least the following items:</p> <p>(1) Location in designated place</p> <p>(2) No obstruction to access or visibility</p> <p>(3) Pressure gauge reading or indicator in the operable range or position</p> <p>(4) Fullness determined by weighing or hefting for self expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks</p> <p>(5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers</p> <p>(6) Indicator for nonrechargeable extinguishers using push-to-test pressure indicators.</p> <p>Section 7.2.4.1 states personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. Section 7.2.4.3 requires where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded.</p> <p>Section 7.2.4.4 requires where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method.</p> <p>Section 7.2.4.5 requires records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect residents, staff, and visitors in this area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Maintenance on 05/20/2024 between 12:00 PM and 12:46 PM, the monthly inspection tag on the fire extinguisher located in the maintenance office was not signed to indicate it had been inspected in April 2024. Based on</p>				<p>extinguishers. On 05/20/24 the Maintenance Director inspected the portable fire extinguisher in the Maintenance office to ensure the fire extinguisher met all the requirements.</p> <p><b>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</b> All residents, staff, and visitors have the potential to be affected by this alleged deficient practice. On 05/20/24 the Maintenance Director inspected the portable fire extinguisher in the maintenance office. Maintenance Director ensured all other fire extinguishers were checked at least monthly.</p> <p><b>3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> On 05/20/24 the Administrator inserviced the Maintenance Director/Designee regarding monthly inspections of all fire extinguishers. The Maintenance Director will round weekly to verify all fire extinguishers have been inspected and signed.</p> <p><b>4.How the corrective action(s) will be monitored to ensure the deficient practice will not</b></p>		

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	interview at the time of observation, the Director of Maintenance agreed the fire extinguisher in the maintenance office had not been signed that it was checked in April of 2024.  This finding was reviewed with the Executive Director and Director of Maintenance at the exit conference.  3.1-19(b)				<b>recur, i.e. what quality assurance program will be put into place:</b> -On a weekly basis the Maintenance Director/designee, will perform an audit of all fire extinguishers to ensure they were visually inspected and documentation on the tag to indicate completion is evident. On a monthly basis the Maintenance Director/Designee will report any findings to the Administrator. Inspection results and system components will be reviewed by the QA committee with subsequent plans of correction developed and implemented as deemed necessary to ensure 100% compliance is maintained.		