STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155417	A. BUILDING -- B. WING	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT SCOTTSBURG	1100 N GARDNER AVE SCOTTSBURG, IN 47170

(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: 05/14/25 Facility Number: 000421 Provider Number: 155417 AIM Number: 100288340 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 The facility has 36 certified beds. At the time of the survey, the census was 31. Quality Review completed on 05/15/25	E 0000		
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: 05/14/25 Facility Number: 000421 Provider Number: 155417 AIM Number: 100288340 At this Life Safety Code survey, Hickory Creek of Scottsburg was found not in compliance with	K 0000	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. Please feel free to contact Rachel Colwell if you need any additional information at 812-595-6125. Thank you for your consideration.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rachel Colwell	Administrator	05/30/2025

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.

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	155417	A. BUILDING 01 B. WING	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT SCOTTSBURG	1100 N GARDNER AVE SCOTTSBURG, IN 47170

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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 (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, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 36 and had a census of 31 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached shed used for facility storage and oxygen storage. Quality Review completed on 05/15/25			
K 0281 SS=F Bldg. 01	NFPA 101 Illumination of Means of Egress Based on observation and interview, the facility failed to ensure continuity of egress lighting for 3 of 3 exits, including 6 outside egress light sets. For the purposes of this requirement, exit access shall include only designated stairs, aisle, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways and exit passageways leading to a public way. This deficient practice could affect all residents, as well as staff and visitors.	K 0281	It is the standard of this facility to ensure that means of egress lighting is provided automatically in the event of interruption of normal lighting. **1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**	06/19/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT SCOTTSBURG	1100 N GARDNER AVE SCOTTSBURG, IN 47170

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	Finding include: Based on observations on 05/14/25 at 12:50 p.m. during a tour of the facility with the Maintenance Director, the facility had three exits with double light sets outside each exit door, plus three additional double light sets on the walls of the facility along the path of exit discharge from each exit to the public way. When observing the breaker box for the emergency power system (generator), it could not be determined if the outside light sets were connected to the emergency power system. It was not evident on any of the breakers within the emergency power system breaker box. Based on interview at 12:50 p.m., the Maintenance Director said he was not sure if the outside light sets were connected to the emergency power system. This finding was reviewed with the Executive Director and Maintenance Director during the exit conference. 3.1-19(b)		Egress lighting for 3 of 3 exits will be connected to the emergency power system by an electrician on 06/2/25. The 3 additional double light sets are already connected to the emergency power system and will be labeled on the breaker box on 06/02/25. **2 How other residents have the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?** All residents have the potential to be affected by this alleged deficient practice. Egress lighting for 3 of 3 exits will be connected to the emergency power system by an electrician on 06/2/25. The 3 additional double light sets are already connected to the emergency power system and will be labeled on the breaker box on 06/02/25. **3 What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur?** Egress lighting for 3 of 3 exits will be connected to the emergency power system by an electrician on 06/2/25. The 3 additional double light sets are already connected to the emergency power system and	

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			will be labeled on the breaker box on 06/02/25. The Maintenance Director checked the 6 outside light sets and confirmed they are in fact connected to the emergency power system. The 6 outside light sets will be labeled on the breaker box on 06/02/25. The Maintenance Director/Designee will be responsible for completing audits on continuity of egress lighting on all exit lighting. **4 How the corrective action will be monitored to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place?** The Maintenance Director/Designee will be responsible for completing egress lighting audits weekly x 4 weeks and quarterly for 6 months. If the threshold is not 100% met an action plan will be developed. **Date of compliance: 06/19/25**	