

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

PRINTED: 04/18/2023  
FORM APPROVED  
OMB NO. 0938-039

|   |  |   |  |  |  |  |                            |
|---|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155419 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING --<br>B. WING                                 |  | X3) DATE SURVEY<br>COMPLETED<br>03/28/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>HICKORY CREEK AT CRAWFORDSVILLE |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>817 N WHITLOCK AVE<br>CRAWFORDSVILLE, IN 47933 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| E 0000<br><br>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: 03/28/23</p> <p>Facility Number: 000533<br/>Provider Number: 155419<br/>AIM Number: 100267230</p> <p>At this Emergency Preparedness survey, Hickory Creek at Crawfordsville was found not 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 28.</p> <p>Quality Review completed on 03/29/23</p> |   |  | E 0000   | <p>This provider respectfully requests that this requests a desk review in lieu of a post survey review on or after 04/10/2023. Please feel free to contact Jeremiah Johnson, if you need any additional information to support the desk review at 317-473-0239. Thank you for your consideration.</p> |  |                            |
| E 0041<br>SS=F<br>Bldg. --  | <p>482.15(e), 483.73(e), 485.625(e)<br/>Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e)<br/>(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power</p>  |   |  |  |  |  |                            |

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

TITLE

(X6) DATE

Jeremiah Johnson

Executive Director

04/10/2023

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<br><br>HICKORY CREEK AT CRAWFORDSVILLE |  |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>817 N WHITLOCK AVE<br>CRAWFORDSVILLE, IN 47933 |                            |  |  |
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|   | <p>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):]<br/>The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain</p> |   |  |   |                            |  |  |

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|   | <p>the material from the sources listed below.<br/>You may inspect a copy at the CMS<br/>Information Resource Center, 7500 Security<br/>Boulevard, Baltimore, MD or at the National<br/>Archives and Records Administration<br/>(NARA). For information on the availability of<br/>this material at NARA, call 202-741-6030, or<br/>go to:<br/><a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>.<br/>If any changes in this edition of the Code are<br/>incorporated by reference, CMS will publish a<br/>document in the Federal Register to<br/>announce the changes.</p> <p>(1) National Fire Protection Association, 1<br/>Batterymarch Park,<br/>Quincy, MA 02169, <a href="http://www.nfpa.org">www.nfpa.org</a>,<br/>1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code,<br/>2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to<br/>NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9,<br/>2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7,<br/>2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1,<br/>2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3,<br/>2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012<br/>edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August<br/>11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October<br/>30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October<br/>22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October<br/>22, 2013.</p> |   |  |   |  |  |                            |

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|   | <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>a. Based on record review with the Maintenance Supervisor and the Executive Director on 03/28/23 from 10:00 a.m. to 12:08 a.m., documentation for January 2023 and July 2022 monthly load testing was not available for review. Based on an interview at the time of record review, the Maintenance Supervisor confirmed that load testing documentation for the aforementioned months was not available for review at the time of the survey.</p> <p>b. Based on record review on 03/28/23 at 11:27 a.m. with the Executive Director and Maintenance Supervisor, the Test Generator Under Load documents were reviewed over the past year. The February 2023 monthly load documentation indicated the transfer time from normal power to emergency power was 30 seconds. Based on interview at the time of record review, the Maintenance Supervisor stated the transfer time could have been recorded incorrectly, but agreed the provided February 2023 monthly load test indicated the transfer time was not within 10 seconds.</p> <p>These findings were reviewed with the Executive</p> |   |  | E 0041  | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents effected</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; All residents have potential to be effected. Load test will be completed to ensure proper function. Facility will ensure transfer time is under 10 seconds. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Weekly tests x4 weeks and monthly tests thereafter to ensure function and proper transfer times.</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; and Review of Tels compliance during Monthly QAPI meetings</p> <p>What date the systemic changes for each deficiency will be completed. Monday, April 10, 2023</p> |  | 04/10/2023                 |

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| K 0000<br><br>Bldg. 01  | <p>Director and Maintenance Supervisor at the exit conference.</p> <p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/28/23</p> <p>Facility Number: 000533<br/>Provider Number: 155419<br/>AIM Number: 100267230</p> <p>At this Life Safety Code survey, Hickory Creek at Crawfordsville 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms were equipped with battery powered smoke detectors. The facility has the capacity for 36 and had a census of 28 at the time of this survey.</p> <p>All areas within the facility where residents have customary access were sprinklered. All areas providing facility services were sprinklered except three detached buildings used for oxygen storage, maintenance, and miscellaneous equipment</p> |   |  | K 0000  | <p>This provider respectfully requests that this requests a desk review in lieu of a post survey review on or after 04/10/2023. Please feel free to contact Jeremiah Johnson, if you need any additional information to support the desk review at 317-473-0239. Thank you for your consideration.</p> |  |                            |

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| K 0291<br>SS=D<br>Bldg. 01  | <p>storage that were unsprinklered.</p> <p>Quality Review completed on 03/29/23</p> <p>NFPA 101<br/>Emergency Lighting<br/>Emergency Lighting<br/>Emergency lighting of at least 1-1/2-hour<br/>duration is provided automatically in<br/>accordance with 7.9.<br/>18.2.9.1, 19.2.9.1<br/>Based on observation and interview, the facility<br/>failed to ensure 1 of 1 battery powered emergency<br/>lights were maintained in accordance with LSC 7.9.<br/>LSC 7.9.2.6 states battery operated emergency<br/>lights shall use only reliable types of rechargeable<br/>batteries provided with suitable facilities for<br/>maintaining them in properly charged condition.<br/>Batteries used in such lights or units shall be<br/>approved for their intended use and shall comply<br/>with NFPA 70 National Electric Code. LSC 7.9.2.7<br/>states the emergency lighting system shall be<br/>either be continuously in operation or shall be<br/>capable of repeated automatic operation without<br/>manual intervention. This deficient practice could<br/>affect staff at the generator.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director<br/>and Maintenance Supervisor at 12:26 p.m. on<br/>03/28/23, the battery operated emergency light at<br/>the emergency generator failed to function when<br/>its respective test button was pushed five times.<br/>Based on interview at the time of the observation,<br/>the Maintenance Supervisor stated the battery<br/>operated light is tested monthly, and confirmed<br/>the aforementioned battery operated emergency<br/>light failed to function when it's respective test<br/>button was pushed.</p> |  |  | K 0291  | <p>What corrective action(s) will be<br/>accomplished for those residents<br/>found to have been affected by the<br/>deficient practice; No Residents<br/>effected<br/>How other residents having the<br/>potential to be affected by the<br/>same deficient practice will be<br/>identified and what corrective<br/>action(s) will be taken; All<br/>residents have potential to be<br/>affected.<br/>Battery Operated light has been<br/>replaced.<br/>What measures will be put into<br/>place and what systemic changes<br/>will be made to ensure that the<br/>deficient practice does not<br/>recur; Weekly check of the<br/>emergency lights will be<br/>conducted.<br/>How the corrective action(s) will be<br/>monitored to ensure the deficient<br/>practice will not recur, i.e., what<br/>quality assurance program will be<br/>put into place; and Review of<br/>weekly checks in monthly QAPI<br/>meetings<br/>What date the systemic changes</p> |  | 04/10/2023                 |

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| K 0374<br>SS=E<br>Bldg. 01  | <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101<br/>Subdivision of Building Spaces - Smoke Barrie<br/>Subdivision of Building Spaces - Smoke Barrier Doors<br/>2012 EXISTING<br/>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.<br/>19.3.7.6, 19.3.7.8, 19.3.7.9<br/>Based on observation and interview, the facility failed to ensure 1 of 2 set of smoke barrier doors which swing in the same direction and equipped with an astragal have a properly functioning coordinator to ensure the door which must close first always closes first. This deficient practice could affect as many as 14 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 03/28/23 at 12:20 p.m. during a tour of the facility with the Executive Director and Maintenance Supervisor, the set of smoke barrier doors located near resident rooms</p> |   |  | K 0374   | <p>for each deficiency will be completed. Monday, April 10, 2023</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No Residents were effected<br/>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; All residents have potential to be effected. Door Coordinator adjusted to function properly. What measures will be put into place and what systemic changes</p> |  | 04/10/2023                 |

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| K 0712<br>SS=F<br>Bldg. 01  | <p>#13 and #14 did not fully close. There was a six inch gap between the doors when closed to their fullest due to the door coordinator not functioning properly. Based on interview during the time of observation, the Maintenance Supervisor agreed this set of smoke barrier doors did not close and seal completely when tested.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>   |   | K 0712              | <p>will be made to ensure that the deficient practice does not recur; Door Coordinator adjusted to function properly.</p> <p>Weekly Checks of correct function of door coordinator and proper door closure.</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; and Review of weekly checks in monthly QAPI meetings</p> <p>What date the systemic changes for each deficiency will be completed. Monday, April 10, 2023</p> |  | 04/10/2023                                 |  |
|   | <p>NFPA 101<br/>Fire Drills<br/>Fire Drills<br/>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7<br/>Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p> |   |                     | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents have been effected<br/>How other residents having the</p>  |  |  |  |



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| K 0918<br>SS=F<br>Bldg. 01  | <p>Findings include:</p> <p>During record review with the Executive Director and Maintenance Supervisor on 03/28/23 at 10:16 a.m., no documentation could be provided regarding a second and third shift fire drill for the fourth quarter (October, November, December) of 2022. Based on interview at the time of record review, the Maintenance Supervisor stated that there was no additional available fire drill documentation for review at the time of this survey.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)<br/>3.1-51(c)</p> <p>NFPA 101<br/>Electrical Systems - Essential Electric System Maintenance and Testing<br/>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br/>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a</p> |  |  |   | <p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have potential to be effected. Fire Drills will be completed for each shift monthly. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Fire Drills will be completed for each shift monthly. 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; and Review of Fire Drills in monthly QAPI meetings What date the systemic changes for each deficiency will be completed. Monday, April 10, 2023</p> |  |                            |

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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|   | <p>year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 2 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> |  |  | K 0918  | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents effected</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; All residents have potential to be effected. Load test will be completed to ensure proper function. Facility will ensure transfer time is under 10 seconds. What measures will be put into place and what systemic changes will be made to ensure that the</p> |  | 04/10/2023                 |

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|   | <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor and the Executive Director on 03/28/23 from 10:00 a.m. to 12:08 a.m., documentation for January 2023 and July 2022 monthly load testing was not available for review. Based on an interview at the time of record review, the Maintenance Supervisor confirmed that load testing documentation for the aforementioned months was not available for review at the time of the survey.</p> <p>2. Based on record review and interview, the facility failed to document the transfer time to the alternate power source on the monthly load tests for 1 of the past 12 months to ensure the alternate power supply was capable of supplying service within 10 seconds. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 03/28/23 at 11:27 a.m. with the Executive Director and Maintenance Supervisor, the Test Generator Under Load documents were reviewed over the past year. The February 2023 monthly load documentation indicated the transfer time from normal power to emergency power was 30 seconds. Based on interview at the time of record review, the Maintenance Supervisor stated the transfer time could have been recorded incorrectly, but agreed the provided February 2023 monthly load test indicated the transfer time was not within 10 seconds.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> |   |  |   | <p>deficient practice does not recur; Weekly tests x4 weeks and monthly tests thereafter to ensure function and proper transfer times.</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; and Review of Tels compliance during Monthly QAPI meetings</p> <p>What date the systemic changes for each deficiency will be completed. Monday, April 10, 2023</p> |  |                            |

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|   | 3.1-19(b)   |   |  |  |  |  |                            |