

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

PRINTED: 09/30/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155436		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/20/2022	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT WINAMAC				STREET ADDRESS, CITY, STATE, ZIP COD 515 E 13TH ST WINAMAC, IN 46996			
(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: 09/20/22</p> <p>Facility Number: 000414 Provider Number: 155436 AIM Number: 100288550</p> <p>At this Emergency Preparedness survey, Hickory Creek at Winamac 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 28.</p> <p>Quality Review completed on 09/21/22</p>			E 0000			
K 0000  Bldg. 01	<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: 09/20/22</p> <p>Facility Number: 000414 Provider Number: 155436 AIM Number: 100288550</p> <p>At this Life Safety Code survey, Hickory Creek at Winamac was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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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K 0353 SS=E Bldg. 01	<p>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 (222) construction and was fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. Resident rooms were equipped with battery operated 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, one used for oxygen storage, and the others maintenance and miscellaneous equipment storage.</p> <p>Quality Review completed on 09/21/22</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p>						

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	<p>c) Water system supply source</p> <p>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 1 of 1 sprinkler system in accordance with LSC 9.7.5. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected 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 5.2.2.2 requires sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Maintenance Director and the facility Administrator on 09/20/22 at 11:46 a.m., in the Boiler room directly across from resident room #5, there was a grey flexible wiring conduit resting on the sprinkler pipe. Based on interview at the time of observation, the Maintenance Director agreed that the flexible grey conduit was resting on the sprinkler piping adding that it looked like it had come loose and there was just enough slack in the conduit to allow it to be resting on the sprinkler piping. During the exit conference with the facility Administrator and the Maintenance Director on 09/21/22/ at 12:36 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>			K 0353	<p><b>K0353 This Plan of Correction constitutes the written allegation of the compliance for deficiencies cited. However, submission of the Plan of Correction is not an admission that deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at Winamac desires this Plan of Correction to be considered the facility's allegation of compliance. Compliance effective 10/7/2022. Hickory Creek at Winamac respectfully requests a paper compliance review of this Plan of Correction.</b></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; <b>The flexible gray conduit was separated and secured away from the sprinkler pipe.</b></p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>		10/07/2022

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			<p>action(s) will be taken; <b>All sprinkler pipes were inspected to ensure all sprinkler pipes are free from materials that could be resting or hanging from the pipe. No other concerns were noted.</b></p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; <b>The maintenance director was educated to ensure nothing is resting on the sprinkler pipes. The maintenance director/designee will inspect sprinkler pipes monthly during PM rounds to ensure all sprinkler pipes are free from materials that could be resting or hanging from the pipe.</b></p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put in place; <b>The Executive Director will round with the maintenance director prior to the compliance date to ensure all sprinkler pipes are free from materials that could be resting or hanging from the pipe. The Executive Director will review the preventative maintenance checks performed by the maintenance director monthly and sign off that the checks were completed.</b></p>		

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