

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

PRINTED: 10/13/2022

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 09/21/2022	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 09/21/22</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 33.</p> <p>Quality Review completed on 09/26/22</p>		E 0000	<p>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.</p> <p>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.</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: 09/21/22</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 not in compliance with</p>		K 0000	<p>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.</p> <p>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.</p>			

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 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 0511 SS=D 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 (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 33 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 two detached shed used for facility storage and oxygen storage.</p> <p>Quality Review completed on 09/26/22</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of at least 5 wet locations, were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for</p>			K 0511	<p>K511 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The facility has eliminated the</p>		10/08/2022

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	<p>personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in</p>				<p>GFCI outlet in bathroom #1</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:</p> <p>All other GFCI outlets were tested and were functioning properly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The maintenance director was educated on proper testing of GFCI outlets. The maintenance director/designee will inspect all GFCI outlets monthly during his PM rounds to ensure all outlets are functioning properly.</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:</p> <p>The Executive Director will round with the maintenance director prior to the compliance date to ensure all GFCI outlets are functioning properly. The Executive Director will review the preventative maintenance checks performed by the maintenance director monthly and sign off that the checks were completed.</p>		

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	<p>patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 1 resident and staff.</p> <p>Findings include:</p> <p>Based on observations on 09/21/22 between 11:30 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, bathroom #1 had one electric receptacle within two feet of the sink that was provided with a GFCI protected receptacle, however, when tested with a GFCI testing device, the electric circuit was not broken. The testing device showed the receptacle to be wired with an Open Ground. Based on interview at the time of observation, the Maintenance Supervisor agreed the receptacle in bathroom #1 was not properly GFCI protected.</p> <p>This finding was reviewed with the Maintenance Supervisor, Director of Nursing, and Assistant Director of Nursing during the exit conference.</p> <p>3.1-19(b)</p>				<p>By what date the systemic changes will be completed: Compliance Date = 10/8/22</p>		

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K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills 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. 19.7.1.4 through 19.7.1.7 1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 2 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 09/21/22 between 9:30 a.m. and 11:30 a.m. with the Maintenance Supervisor present, the facility lacked fire drill documentation for the second (evening) and third (night) shifts of the second quarter (April, May, and June) of 2022. Based on interview at the time of record review, the Maintenance Supervisor said there were no fire drills performed during the second and third shifts of the second quarter of 2022.</p> <p>This finding was reviewed with the Maintenance Supervisor, Director of Nursing, and Assistant Director of Nursing during the exit conference.</p> <p>3.1-19(b)</p>			K 0712	<p>K712 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The facility has performed a fire drill on all 3 shifts. 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: The facility will continue to perform fire drills monthly on alternating shifts. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The maintenance director was educated on the requirements of fire drill testing. The maintenance director/designee</p>		10/08/2022

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	<p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 09/21/22 between 9:30 a.m. and 11:30 a.m. with the Maintenance Supervisor present, four of four, first shift (day) fire drills were performed between 1:00 p.m. and 1:36 p.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the times of the first shift fire drills were performed and agreed the times were not varied enough.</p> <p>This finding was reviewed with the Maintenance Supervisor, Director of Nursing, and Assistant Director of Nursing during the exit conference.</p> <p>3.1-19(b)</p>				<p>will complete a fire drill monthly, alternating shifts each month, during his PM rounds to ensure they are performed. 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:</p> <p>The Executive Director will verify with the maintenance director prior to the compliance date that all three shifts have had a fire drill completed. The Executive Director will review the preventative maintenance checks performed by the maintenance director monthly and sign off that the fire drills were completed.</p> <p>By what date the systemic changes will be completed:</p> <p>Compliance Date = 10/8/22</p>		