

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

PRINTED: 09/12/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155565		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/17/2023	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT SUNSET				STREET ADDRESS, CITY, STATE, ZIP COD 1109 S INDIANA STREET GREENCASTLE, IN 46135			
(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: 08/17/23</p> <p>Facility Number: 000418 Provider Number: 155565 AIM Number: 100274870</p> <p>At this Emergency Preparedness survey, Hickory Creek at Sunset 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 68 certified beds. At the time of the survey, the census was 37.</p> <p>Quality Review completed on 08/22/23</p>			E 0000			
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: 08/17/23</p> <p>Facility Number: 000418 Provider Number: 155565 AIM Number: 100274870</p> <p>At this Life Safety Code survey, Hickory Creek at Sunset 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>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</p>		

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

TITLE

(X6) DATE

Tega Brume

Executive Director

09/01/2023

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 0300 SS=F 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 V (111) 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. Battery powered smoke detectors are provided in resident rooms. The building is partially protected by a 35kW propane powered generator. The facility has the capacity for 68 and had a census of 37 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has three detached buildings for the employee lounge, maintenance, and storage which are not sprinklered.</p> <p>Quality Review completed on 08/22/23</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on record review, observation and interview the facility failed to ensure the preventative maintenance for all battery operated smoke alarms in resident rooms was accurately conducted according to manufacturer's published</p>			K 0300	<p><b>K tag: 300- Protection</b></p> <p>- what corrective action(s) will be accomplished for those residents found to have been</p>		09/08/2023

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	<p>instructions. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, 29.10 Maintenance and Tests. Fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 08/17/23 from 10:10 a.m. to 1:10 p.m., the "Test Battery-Operated Smoke Detector Log" showed monthly testing of all battery operated smoke alarms. Based on observation during a tour of the facility at 1:20 p.m. with the Executive Director, Maintenance Director and Field Maintenance Supervisor, the manufacturer's published instructions for the smoke alarm installed in resident room 107 requires weekly testing. Additionally, resident rooms 101, 103 and 105 had the same model of smoke detector installed as in resident room 107. The battery operated smoke alarm installed in resident room 113 was of a different model with manufacture's instructions for monthly testing. Based on interview at the time of observation, the Maintenance Director stated all alarms are tested monthly, and confirmed the alarms in the resident rooms are mixed between weekly and monthly testing.</p> <p>This finding was reviewed with the Executive Director, Field Maintenance Supervisor and Maintenance Director at the exit conference.</p>				<p>affected by the deficient practice <b>No residents were impacted by this practice.</b> <b>All smoke detectors have been inspected in addition to rooms 101,103,105, and 107 based upon manufactures guidelines.</b></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><b>All resident are at risk of being negatively impacted by this deficient practice.</b> <b>All smoke detectors have been inspected and will continue to do so weekly based upon manufactures guidelines.</b></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><b>Maintenance director in serviced on weekly smoke detector checks and following the manufactures guidelines by Executive Director by 9/7/23</b></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>		

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K 0351 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers</p>				<p><b>To ensure compliance, the Maintenance Director and or designee will be responsible for weekly checks and audits on the Tels preventative maintenance program. The ED and/or designee will audit tells for accuracy and compliance monthly for 6 months. The results of these audits will be reviewed by the safety committee overseen ED. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance.</b> - by what date the systemic changes will be completed.</p> <p><b>9/8/23</b></p>		

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	<p>the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure only one type of sprinkler head, i.e. quick response or standard sprinklers were installed in 1 of 4 smoke compartments. NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 8.3.3.2 states where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in Section 8.3.3.3 Section 8.3.3.4 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a compartmented space shall be changed. This deficient practice could affect at least 20 residents, staff and visitors in the dining room.</p> <p>Findings include:</p> <p>Based on observations on 08/17/23 at 1:27 p.m. during a tour of the facility with the Executive Director, Field Maintenance Supervisor and Maintenance Director, the dining room south of the east west corridor had quick response sprinkler heads with green color in the glass bulbs. The dining room on the north side of the east west corridor had standard response sprinkler heads installed. These two dining spaces are in the same smoke compartment. Based on an interview at the time of observation, the Field Maintenance Supervisor and Maintenance Director confirmed the mixture of different type sprinkler heads within the compartmented space.</p> <p>This finding was reviewed with the Executive Director, Field Maintenance Supervisor and</p>			K 0351	<p><b>K tag: 351 Sprinkler system -Installation</b></p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p><b>No resident was affected by deficient practice.</b></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><b>All residents are at risk due to this deficient practice. IEI contacted for sprinkler inspection, Inspection revealed that sprinklers had different temperature but are all the same response type heads (standard). There is nothing in the code book that states mixed temperature heads are not allowed, only that mixed response heads are not allowed.</b></p> <p>- what measures will be put into place or what systemic</p>		09/08/2023

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	Maintenance Director during the exit conference.  3.1-19(b)			<p>changes will be made to ensure that the deficient practice does not recur;</p> <p><b>IEI contacted for sprinkler inspection, Inspection revealed that sprinklers had different temperature but are all the same response type heads (standard). There is nothing in the code book that states mixed temperature heads are not allowed, only that mixed response heads are not allowed. The Executive Director in-serviced the Maintenance Director on sprinkler heads response time on 9/7/23.</b></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><b>Facility will ensure that any shower head changes in the future will match the current sprinkler head response times that are in place.</b></p> <p>- by what date the systemic changes will be completed. <b>9/8/23</b></p>			
K 0353 SS=C Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems						

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	<p>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> <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 document sprinkler system inspections in accordance with NFPA 25. Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of documentation for the most recent twelve month period with the Maintenance</p>			K 0353	<p>K tag: <b>353 Sprinkler System – Maintenance and Testing</b></p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice <b>No resident was affected by deficient practice. The sprinkler system has been appropriately inspected.</b></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 <b>All residents have the potential to be negatively impacted by this deficient practice. Maintenance Director was</b></p>		09/08/2023

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	<p>Director from 10:10 a.m. to 1:10 p.m. on 08/17/21, weekly dry sprinkler system gauge inspection documentation for 4 weeks of the most recent 52 week period was not available for review. Based on interview at the time of record review, the Maintenance Director stated he started his position three days ago and was unable to locate the missing weekly dry sprinkler system gauge inspection documentation.</p> <p>This finding was reviewed with the Executive Director, Field Maintenance Supervisor and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p><b>hired 8/10/23.</b></p> <p><b>Regional maintenance back up has been hired to ensure preventative maintenance are observed upon the unavailability of facility's maintenance director.</b></p> <p><b>The sprinkler system has been appropriately inspected and uploaded into Tels preventative maintenance program.</b></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><b>Maintenance director was in serviced on routine maintenance checks on sprinkler systems by 9/7/23 by Executive Director.</b></p> <p><b>Regional maintenance back up has been hired to ensure preventative maintenance is observed upon the unavailability of facility's maintenance director.</b></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>		



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K 0918 SS=C Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours.</p>				<p>To ensure compliance, the Executive Director and or designee will be responsible for weekly audits on Tels to ensure proper inspections were done, for four weeks, then monthly for five months. The results of these audits will be reviewed by the safety committee overseen by ED. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance. - by what date the systemic changes will be completed.</p> <p>9/8/23</p>		

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	<p>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>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 12 months and weekly inspection for 5 of 52 weeks. 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. Section 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. 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</p>			K 0918	<p>K tag: <b>918 Electrical Systems -Essential Electric System</b></p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p><b>No resident was affected by deficient practice.</b></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><b>All residents have the potential to be negatively impacted by</b></p>		09/08/2023

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	<p>occupants.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director and Field Maintenance Supervisor on 08/17/23 from 10:10 a.m. to 1:10 p.m., documentation for the July 2023 monthly generator load testing was unavailable for review. Also, the generator weekly inspection log showed the weekly inspections were not documented from May 22, 2023 to June 19th, 2023 and week of June 26, 2023. Based on an interview at the time of record review, the Maintenance Director stated he started the position three days ago and has no additional generator inspection documentation available for review.</p> <p>These findings were reviewed with the Executive Director, Field Maintenance Supervisor and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p><b>this deficient practice</b></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><b>New maintenance director was hired 8/10/23.</b></p> <p><b>Maintenance director was in serviced on weekly inspections and monthly generator load testing checks by the Executive Director by 9/8/23</b></p> <p><b>Regional maintenance back up has been hired to ensure preventative maintenance are observed upon the unavailability of facility's maintenance director.</b></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><b>To ensure compliance, the Maintenance Director will be responsible for weekly inspections monthly load checks and audits on Tels. The Executive Director will audit Tels monthly for six months to ensure compliance. The results of these audits will be reviewed by the safety committee overseen by ED, inspection logs shall be</b></p>		

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FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155565		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/17/2023	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT SUNSET				STREET ADDRESS, CITY, STATE, ZIP CODE 1109 S INDIANA STREET GREENCASTLE, IN 46135			
(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
					<b>reviewed weekly for the first month and monthly for 2 quarters during QAPI to ensure compliance. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance.</b>  - by what date the systemic changes will be completed. <b>9/8/23</b>		