

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155001	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2013
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NAME OF PROVIDER OR SUPPLIER HOOVERWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7001 HOOVER RD INDIANAPOLIS, IN 46260
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/18/13 & 07/19/13</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hooverwood was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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 two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire</p>	K010000		

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 90 days 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 14 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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	<p>alarm system installed in all resident sleeping rooms. The facility has a capacity of 188 and had a census of 179 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. The facility has no detached buildings providing facility services.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/22/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 8 fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects 22 residents, staff and visitors in the vicinity of the linen closet next to Room 214.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Director from 9:25 a.m. to 11:45 a.m. on 07/18/13, documentation of</p>	K010067	<p>K067</p> <p>1. There were no residents found to have been affected by this deficient practice. There have been no fires or other safety incidents affecting residents in this area as a result of this deficient practice.</p> <p>2. In order to minimize the possibility of other residents having the potential of being affected by this same deficient practice, this fire damper in question (located inside the wall of the 2A East linen closet) will be immediately inspected, tested, and serviced (including the replacement of the fusible link) to assure compliance in accordance with NFPA 90A.</p> <p>3. The fire damper, located inside the wall of the 2A East linen closet, will be added to the Maintenance Department's preventive maintenance</p>	08/15/2013			

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	<p>facility fire damper inspections and maintenance was not available for review. Based on interview at the time of record review, the Maintenance Director stated the date of the most recent fire damper inspection and maintenance is recorded at the fire damper location. Based on observations with the Maintenance Director during a tour of the facility from 12:30 p.m. to 3:55 p.m. on 07/18/13 and from 9:20 a.m. to 10:55 a.m. on 07/19/13, a total of eight fire dampers were observed in the facility. Seven of the eight fire dampers had the inspection and maintenance date of March 2012 recorded at the fire damper location. The fire damper located in the HVAC ductwork in the linen closet next to Room 214 had no record of inspection attached to it. Based on interview at the time of observation of the HVAC fire damper in the linen closet next to Room 214, the Maintenance Director stated he was not aware a fire damper was located in the aforementioned linen closet and acknowledged it has been more than four years since the aforementioned fire damper was inspected and provided the necessary maintenance.</p> <p>3.1-19(b)</p>		<p>program. As part of this program, the fire damper will be inspected, cleaned, and tested and the fusible link will be replaced and dated, at least every four years along with the other 8 fire dampers throughout the facility.</p> <p>4. The Maintenance Director will be responsible for monitoring this portion of Hooverwood's preventive maintenance program to assure that all 8 fire dampers are inspected / serviced in accordance with NFPA 90A. On an annual basis, the Maintenance Director will inspect all 8 fire dampers to determine if they are in working order and / or if they are in need of service. The Maintenance Director will maintain a log of the 8 fire dampers, inspection dates, testing, replacement of fusible links, etc.</p> <p>The Maintenance Director will report in writing any deficient practices relating to these fire dampers to the Quality Improvement Committee meetings. Such deficient practices will be follow-up with immediate service / replacement, disciplinary warning, policy development, etc.</p>				

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