

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155001	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2016
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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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K 0000 Bldg. 01	<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: 10/12/16</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</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 alarm system installed in all resident sleeping rooms. The facility has a</p>	K 0000		
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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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K 0069 SS=D Bldg. 01	<p>capacity of 188 and had a census of 134 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 completed on 10/17/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in</p>	K 0069	<p>K 069 SS=D</p> <p>Documentation of previous kitchen exhaust system inspection was not available for review on 10/12/16 due to the service provider being late for their semiannual inspection on 3/12/16. National Exhaust Cleaning had affixed a sticker to the range hood (see attachment #1) indicating the next scheduled inspection will be due in December 2016 following the 06/13/16 inspection. There were no staff or residents found to have been affected by this deficient practice.</p> <p>As a result of this Life Safety Code inspection and facility rounds completed by Hooverwood's</p>	10/29/2016

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	<p>accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of National Exhaust Cleaning "Job Work Order" documentation dated 09/02/15 and 06/13/16 with the Maintenance Director during record review from 9:25 a.m. to 12:50 p.m. on 10/12/16, documentation of kitchen exhaust system inspection every six months was not available for review. Based on interview at the time of record review, the Maintenance Director stated National Exhaust Cleaning was under contract to perform semiannual kitchen exhaust systems' inspections but failed to perform semiannual cleaning six months after 09/02/15 and had to be contacted repeatedly before the next kitchen exhaust system inspection was performed on 06/13/16. Based on observation with the Maintenance</p>		<p>Maintenance Department, there were no additional similar deficient areas identified. Therefore, no staff or residents were identified as having the potential of being affected by this same deficient practice.</p> <p>As Hooverwood is in the midst of a facility wide renovation project the Maintenance Director and Food Services Manager will be responsible for inspecting all new contractor work moving forward to assure that this same deficient practice does not take place. On a semiannual basis, the Maintenance Director will inspect the Exhaust System Inspection Schedule (see attachment #2) and contact the appropriate parties to assure that the Exhaust System cleaning is completed semiannually.</p> <p>Any deficient practices identified in the post-construction and / or semiannual maintenance inspections of the exhaust system will be addressed immediately with repair and correction. Any trends of deficient practice will be reported to the Quality Improvement / QAPI Committee on a monthly basis. The monitoring will continue ongoing as a continuous quality improvement measure unless determined</p>	

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K 0144 SS=C Bldg. 01	<p>Director during a tour of the facility from 12:50 p.m. to 3:25 p.m. on 10/12/16, National Exhaust Cleaning had affixed a sticker to the range hood indicating the next scheduled inspection was due in December 2016 following the 06/13/16 inspection. Based on interview at the time of record review and of the observation, the Maintenance Director acknowledged documentation of semiannual kitchen exhaust system inspection six months after 09/02/15 was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test for 12 of 12 months. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a</p>	K 0144	<p>otherwise by the QI / QAPI Committee.</p> <p>Date of Completion: October 29, 2016.</p> <p>K 144 SS=C</p> <p>Documentation for emergency generator load testing for the period of 10/08/15 through 10/06/16 did not include emergency generator cool down time. A section was added to the "Emergency/Auxiliary Generator Operating Log" (see attachment #3) to document at least a five-minute cooldown period following weekly load testing. There were no residents, staff or visitors found to have been affected by this</p>	10/29/2016	

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	<p>minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Auxiliary Generator Operating Log" with the Maintenance Director during record review from 9:25 a.m. to 12:50 p.m. on 10/12/16, documentation for emergency generator load testing for the period of 10/08/15 through 10/06/16 did not include emergency generator cool down time. Based on interview at the time of record review, the Maintenance Director stated the emergency generator was replaced with a larger emergency generator in September 2016, both emergency generators had at least a five minute cool down period after monthly load testing was conducted but acknowledged emergency generator load testing documentation for the period of 10/08/15 through 10/06/16 did not state a minimum time delay of 5 minutes was provided for unloaded running of the</p>		<p>deficient practice.</p> <p>As a result of this Life Safety Code inspection and facility rounds completed by Hooverwood's Maintenance Department, there were no additional similar deficient areas identified. Therefore, no residents, visitors or staff were identified as having the potential of being affected by this same deficient practice.</p> <p>The emergency generator was replaced with a larger emergency generator in September 2016 as part of Hooverwood's facility wide renovation project. A section was added to the "Emergency/Auxiliary Generator Operating Log" (see attachment #3) to document at least a five-minute cooldown period following weekly load testing which will be monitored on a quarterly basis by the Maintenance Director.</p> <p>Any deficient practices identified in the post-construction and / monthly maintenance rounds will be addressed immediately with repair and correction. Any trends of deficient practice will be reported to the Quality Improvement / QAPI Committee on a monthly basis. The</p>				

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	emergency generator prior to shutdown. 3.1-19(b)		monitoring will continue ongoing as a continuous quality improvement measure unless determined otherwise by the QI / QAPI Committee. Date of Completion: October 29, 2016.		