

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 05/18/2012
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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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(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
K0000	<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: 05/18/12</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 in substantial 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 corridors, resident rooms and in all areas open to the corridor. The facility has a capacity of</p>	K0000		

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>188 and had a census of 175 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/21/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility. LSC 19.7.2.2 requires written health care occupancy fire safety plans shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, staff and visitor in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan titled "Emergency Procedure - Code Red, Section F: Food Services" during record review with the Maintenance Supervisor at 2:00 p.m. on 05/18/12, the fire safety plan did not address the use of ABC type fire</p>	K0048	<p>K 048</p> <ol style="list-style-type: none"> 1. Hooverwood's "Code Red-Fire / Smoke" policy will be revised to include the necessary language regarding the use of the overhead extinguishing system. {See Attachment A-policy} This system will be utilized before the use of either the K-Class fire extinguisher or the ABC type fire extinguishers. 2. As a result of this plan of correction which will include policy revision, inservice education, and new employee orientation, no other residents will have the potential of being affected by this same deficient practice. 3. Hooverwood's revised "Code Red-Fire / Smoke" policy will be reviewed with Hooverwood's Maintenance and Food Service personnel, nursing supervisors, and management staff. {See Attachment B-inservice attendance} This policy will be reviewed annually with all employees during Hooverwood's annual inservice on Emergency Procedures. In addition, this policy will also be reviewed during new employee orientation. 	06/04/2012

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	<p>extinguishers and the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written fire safety plan for the facility did not include the policy to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K-class fire extinguisher.</p> <p>3.1-19(b)</p>		<p>4. During scheduled fire drills as well as any real incidents of fire or smoke, staff response will be carefully reviewed by the Maintenance Director to assure that it is in accordance with this revised policy. Any observations or trends of deficient practice will be immediately addressed and reported at the Quality Improvement Committee Meetings. Any specific follow-up intervention including disciplinary action, policy development, inservice education, etc., will be implemented and monitored as necessary.</p> <p>5. Date of Completion: 6/4/12</p>		