

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

PRINTED: 12/07/2016
FORM APPROVED
OMB NO. 0938-0391

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 11/09/2016	
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 7001 HOOVER RD INDIANAPOLIS, IN 46260			
(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
K 0000 Bldg. 01	<p>A Life Safety Code and Preoccupancy Survey for renovated activity rooms, gift shop, offices, conference room on the first floor, the remodel of Rooms A101 through A 108, A110, A112 into resident rooms 1101 through 1107, 1109 and a dining area, the remodel of Room A109 into resident room 1111/1113, the model of resident rooms A201 through A208 into resident rooms 2101 through 2109 and a dining area, the remodel of room A209 and A211 into resident room 2111/2113, the renovation of the Central Bath into room A211 and the renovation of rooms A220, A222 and A224 and renumber them as 2147, 2149 and 2151 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/09/16</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>At this Life Safety Code and Preoccupancy survey, Hooverwood was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart</p>			K 0000			

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 0351 SS=E Bldg. 01	<p>483.70(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 with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</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 capacity of 188 and had a census of 132 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 11/18/16 - DA</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING</p>						

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	<p>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.</p> <p>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.</p> <p>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 the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>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)</p> <p>Based on observation and interview, the facility failed to ensure the sprinkler system was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 8.5.1.1 states sprinklers shall be located, spaced, and positioned in accordance with the requirements of Section 8.5. Section 8.5.4.2 states deflectors of sprinklers shall be aligned parallel to ceilings, roofs, or the incline of stairs. Section 8.6.4.1.1.1 states under unobstructed construction, the distance between the pendant sprinkler deflector and the ceiling shall be a minimum of one inch and a maximum of twelve inches. This deficient practice could affect 15 residents, staff and visitors on</p>	K 0351	<p>K351</p> <p>The 15 ft. x 8 ft. area of missing ceiling tile in the corridor by the north nurse's station on the first floor has been replaced. See attached picture. There were no residents found to have been affected by this deficient practice.</p> <p>Ceiling tiles will be maintained in all occupied areas of the building. In doing so, no other residents will have the potential of being affected by this same deficient practice.</p>	11/22/2016			

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K 0372	<p>the first floor.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Superintendent for Hagerman Construction during a tour of the facility from 10:00 a.m. to 11:15 a.m. on 11/09/16, a fifteen foot by eight foot section of the suspended ceiling smoke barrier was missing ceiling tiles in the corridor by the north nurse's station on the first floor which caused one pendant sprinkler to not be properly installed. The sprinkler pipe for the aforementioned sprinkler was flexible metal tubing which hung down and projected five feet through the suspended ceiling tile grid where tiles were missing. The deflector was positioned nearly perpendicular to the floor. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned sprinkler and deflector was not properly installed due to missing ceiling tiles.</p> <p>3.1-19(b) 3.1-19(ff)</p> <p>NFPA 101</p>				<p>During Hooverwood's continued renovation project, Hooverwood's Maintenance Director and the Superintendent for Hagerman Construction will be responsible for assuring that ceiling tiles are maintained at all times. During weekly and monthly project rounds, this standard will be monitored in order to assure continued compliance.</p> <p>Any future deficient practices identified during weekly construction meetings, rounds, etc., will be addressed immediately with ceiling tile repair or replacement. Any trends of deficient practice will be immediately reported to Hagerman Construction and to Hooverwood's Quality Improvement / QAPI Committee on a monthly basis. This monitoring will continue ongoing as a continuous quality improvement measure unless determined otherwise by the QI / QAPI Committee.</p> <p>Date of Completion: November 22, 2016</p>		

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SS=E Bldg. 01	<p>Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. 1. Based on observation and interview, the facility failed to ensure openings through 2 of 3 ceiling smoke barriers were protected to maintain the fire resistance rating of the smoke barrier. LSC 19.3.7.3 refers to Section 8.5. Section 8.5.6.2 states penetrations for cables, conduits, pipes and similar items that pass through a floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of a ceiling smoke barrier shall be protected by a system or material capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and</p>			K 0372	<p>K372</p> <p>The one inch annular space surrounding two, one inch in diameter pipes and one, three inch in diameter pipe which penetrated the suspended ceiling tile in the restroom by the electrical room by Room 1113 was repaired to assure compliance. See attached picture.</p> <p>The one inch annual space surrounding two, one inch in diameter pipes and one, three inch in diameter pipe which penetrated the suspended ceiling tile in the restroom by the electrical room by Room 2113 was repaired to assure</p>		11/22/2016

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	<p>Section 8.5.6. This deficient practice could affect 30 residents, staff and visitors on the first and second floor.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director and the Superintendent for Hagerman Construction during a tour of the facility from 10:00 a.m. to 11:15 a.m. on 11/09/16, the following openings were noted in ceiling smoke barriers:</p> <p>a. the one inch annular space surrounding two one inch in diameter pipes and one three inch in diameter pipe which penetrated the suspended ceiling in the restroom by the electrical room by Room 1113.</p> <p>b. the one inch annular space surrounding two one inch in diameter pipes and one three inch in diameter pipe which penetrated the suspended ceiling in the restroom by the electrical room by Room 2113.</p> <p>c. one four inch in diameter open ended conduit and one three inch in diameter open ended conduit for the passage of cables which penetrated the electrical room ceiling smoke barrier by Room 1113 were not filled with a material maintaining the smoke resistance rating of the ceiling smoke barrier. The one half inch annular space surrounding one</p>				<p>compliance. See attached picture.</p> <p>The one, four inch in diameter open ended conduit and one, three inch in diameter open ended conduit for the passage of cables which penetrated the electrical room ceiling smoke barrier by Room 1113 was filled with a material maintaining smoke resistance rating of the ceiling tile smoke barrier. See attached picture.</p> <p>The one half inch annular space surrounding one, four inch in diameter electrical conduit which passed through the aforementioned electrical room ceiling smoke barrier was filled with a material maintaining smoke resistance rating of the ceiling smoke barrier. See attached picture.</p> <p>The fifteen foot by eight foot section of the suspended ceiling smoke barrier in the corridor by the north nurse's station on the first floor were replaced. See attached picture.</p> <p>The thirty foot by three foot</p>		

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	<p>four inch in diameter electrical conduit which passed through the aforementioned electrical room ceiling smoke barrier was also not filled with a material maintaining the smoke resistance rating of the ceiling smoke barrier.</p> <p>d. a fifteen foot by eight foot section of the suspended ceiling smoke barrier was missing ceiling tiles in the corridor by the north nurse's station on the first floor.</p> <p>e. a thirty foot by three foot section of the suspended ceiling smoke barrier was missing ceiling tiles in the corridor outside Rooms 2147, 2149 and 2151 on the second floor.</p> <p>Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned openings in ceiling smoke barriers failed to maintain the fire resistance rating of the ceiling smoke barrier.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure openings through 1 of 13 smoke barrier walls were protected to maintain the fire resistance rating of the smoke barrier. LSC 19.3.7.3 refers to Section 8.5. Section 8.5.6.2 states penetrations for cables, conduits, pipes and similar items that pass through a wall constructed as a smoke barrier shall be protected by a system or material</p>		<p>section of the suspended ceiling smoke barrier in the corridor outside Rooms 2147, 2149 and 2151 on the second floor were replaced. See attached picture.</p> <p>The one inch annular space surrounding two, six inch in diameter pipes and one, three inch in diameter pipe which penetrated the smoke barrier wall above the suspended ceiling outside Room 2151 was filled with a material maintaining the smoke resistance rating of the smoke barrier wall. See attached picture.</p> <p>All of the above repairs were immediately completed following the inspection. There were no residents found to have been affected by this deficient practice.</p> <p>These deficient practices and the completed repairs will be maintained during all future phases of the renovation project. In doing so, no other residents will have the potential of being affected by this same deficient practice.</p>				

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	<p>capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and Section 8.5.6. This deficient practice could affect 15 residents, staff and visitors on the second floor.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director and the Superintendent for Hagerman Construction during a tour of the facility from 10:00 a.m. to 11:15 a.m. on 11/09/16, the one inch annular space surrounding two six inch in diameter pipes and one three inch in diameter pipe which penetrated the smoke barrier wall above the suspended ceiling outside Room 2151 was not filled with a material maintaining the smoke resistance rating of the smoke barrier wall. Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned openings failed to maintain the smoke resistance of the smoke barrier wall.</p> <p>3.1-19(b)</p>			<p>During Hooverwood's continued renovation project, Hooverwood's Maintenance Director and the Superintendent for Hagerman Construction will be responsible for assuring that these deficient practices are in compliance for all areas of the building. During weekly and monthly project rounds, this standard will be monitored in order to assure continued compliance.</p> <p>Any future deficient practices identified during weekly construction meetings, rounds, etc., will be addressed immediately with repairs or replacements. Any trends of deficient practice will be immediately reported to Hagerman Construction and to Hooverwood's Quality Improvement / QAPI Committee on a monthly basis. This monitoring will continue ongoing as a continuous quality improvement measure unless determined otherwise by the QI / QAPI Committee.</p> <p>Date of Completion: November 22, 2016</p>			

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