

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

PRINTED: 12/20/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/19/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOOVERWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7001 HOOVER RD</b> <b>INDIANAPOLIS, IN 46260</b>		
(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 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/16/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/19/17</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>At this PSR survey, Hooverwood was found in compliance with 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. The original building, Building 01, was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. This facility consists of Building 01 and Building 02. Building 01 consists of the original building. 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 128 and had a census of 121 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</p>	{K 000}			

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 000}	Continued From page 1 detached buildings providing facility services.	{K 000}			
{K 000}	<p>Quality Review completed on 12/19/17 - DA INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/16/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/19/17</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>At this PSR survey, Hooverwood was found in compliance with 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 18, New Health Care Occupancies and 410 IAC 16.2. Building 02 was surveyed with Chapter 18 New Health Care Occupancies.</p> <p>This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. This facility consists of Building 01 and Building 02. Building 02 consists of the two story addition to the East Wing, the remodeling of resident rooms 2150, 2152, 2154, the remodeling of 10 resident rooms in 1100 West, the remodeling of 11 resident rooms in 2100 West, the remodeled nurse's stations A140 and A240 and the single story building addition which expanded the main entrance lobby and</p>	{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>administrative areas. 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 128 and had a census of 121 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 12/19/17 - DA</p>	{K 000}			