

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

PRINTED: 12/21/2017
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 03 B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2017
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 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code and Preoccupancy Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a) for the following areas now identified as Building 03:</p> <p>1st floor: Renovation of stairwell across from Gift Shop into an office. Corridor 1200 North: General Renovation to hall and Beauty Salon. Remodel corner of Corridor 1200 North and Corridor 1200 West into a scale room and a toilet. Renovate resident lounge into conference/Training room. General renovation to Corridor 1200 West hall and Central Bath. Renovation of resident room XB109 into an oxygen storage room, and renumbered resident rooms 1213 and 1211, remodel resident rooms XB107, XB105, XB103 and XB101 into (respectively renumbered) rooms 1209, 1207, 1205, 1203 and 1201. Remodel resident rooms XB102, XB104 and XB106 into (respectively renumbered) rooms 1202, 1204, 1206 and 1208. Remodel resident rooms XB108, 110, 112, and sections of Corridor 1200 Center and South into a Storage Room, a satellite kitchen area and a Dining Room.</p> <p>2nd floor: Corridor 2200 North: General renovation to hall and resident rooms. Renumber room XB224 to 2251, XB222 to 2249 and XB220 to 2247. Remodel corner of Corridor 2200 North and Corridor 2200 West into a scale room and a toilet. General renovation to 2200 West hall, Central Bath and Oxygen room. Remodel resident rooms XB209, XB207, XB205, XB203 and XB201 into (respectively renumbered) rooms 2213, 2211, 2209, 2207, 2205, 2203 and 2201. Remodel resident rooms XB202, XB204 and</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	<p>Continued From page 1</p> <p>XB206 into (respectively renumbered) rooms 2202, 2204 and 2206. Remodel resident room XB208 and a Serving room into resident room 2208, a storage room, and an extension to the (remodeled) Dining/Activities area. Remodel Dining areas into a Dining/Activities Room with a satellite kitchen area.</p> <p>Survey Date: 12/19/17</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>At this Life Safety Code and Preoccupancy 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 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 171 and had a census of 116 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			

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K 000	Continued From page 2 detached buildings providing facility services. Quality Review completed on 12/20/17 - DA	K 000			