

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

PRINTED: 05/25/2018  
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>03</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/24/2018</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	
E 000	Initial Comments  An Emergency Preparedness Survey for the Life Safety Code and Preoccupancy Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.  Survey Date: 05/24/18  Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310  At this Emergency Preparedness survey, Hooverwood was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 155 certified beds. At the time of the survey, the census was 119.  Quality Review by Lex Brashear, Life Safety Code Specialist on 05/24/18.	E 000			
K 000	INITIAL COMMENTS  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:  1st floor: New addition to the building, adding four (4) resident rooms (1238, 1239, 1240, 1241) and a passageway and a storage room. Med prep room remodeled into an office. Two nurses station and resident room XB111 remodeled into a Nurses Station, a staff room, staff restrooms, a Clean Utility room, and a clean linen room. Resident rooms XB113, XB115, XB117 and	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>XB119 remodeled into resident rooms 1225, 1229, 1231, 1233 and 1235. Resident rooms XB122, XB129, XB118 and XB116, and a portion of room XB114 remodeled into resident rooms 1236, 1234, 1232, 1230, 1228 and 1226. Portion of resident room XB114, a mechanical room, a lounge, and a public toilet remodeled into a janitor closet, a washer/dryer closet, an electric closet, a mechanical room, and a lounge.</p> <p>2nd floor: New addition to the building, adding four (4) resident rooms (2238, 2239, 2240, 2241) and a storage room. Resident room XB223 remodeled into resident room 2252 and an office. Resident room XB221 remodeled into resident room 2250. A Nurses Station, part of resident room XB211 and five unidentified rooms remodeled into an office, a med prep room, a nurses station, a Staff room, a staff restroom, and a Clean Utility room. Part of resident room XB211 and resident rooms XB213, XB215, XB217, and XB219 remodeled into resident rooms 2225, 2229, 2231, 2233, and 2235. Resident rooms XB218, XB216, XB214 and XB212 remodeled into resident rooms 2236, 2234, 2232, 2230, 2228, AND 2226. Portion of resident room XB210, a mechanical room, a lounge, and a public toilet remodeled into a janitor closet, a washer/dryer closet, an electric closet, a mechanical room, and a lounge.</p> <p>Survey Date: 05/24/18</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</p>	K 000			

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K 000	<p>Continued From page 2</p> <p>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 155 and had a census of 119 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 by Lex Brashear, Life Safety Code Specialist on 05/24/18.</p>	K 000			