PRINTED: 07/07/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION 02, 03	(X3) DATE COMP	SURVEY
155001		B. WING			R 07/02/2025		
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				700	REET ADDRESS, CITY, STATE, ZIP CODE 11 HOOVER RD DIANAPOLIS, IN 46260	1 011	02/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0	00}			
	05/06/25 was conduc	y conducted on 05/05/25 and					
	Survey Date: 07/02/2 Facility Number: 000						
	Provider Number: 18 AIM Number: 10027	55001					
	compliance with Eme Requirements for Me	Hooverwood was found in ergency Preparedness edicare and Medicaid rs and Suppliers, 42 CFR					
	The facility has 155 of the survey, the censur	pertified beds. At the time of us was 128.					
{K 000}	Quality Review comp		{K 0	00}			
	Recertification and S conducted on 05/05/	iana Department of Health in					
	Survey Date: 07/02/2	25					
	Facility Number: 000 Provider Number: 18 AIM Number: 10027	55001					
		Hooverwood was found in			TITLE		(YE) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TLE (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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03		(X3) DATE SURVEY COMPLETED	
155001		B. WING _	B. WING		R 07/02/2025		
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				STREET ADDRESS, CITY, STATE, ZIP CO 7001 HOOVER RD INDIANAPOLIS, IN 46260	ODE	, 0 770	52/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSG surveyed using Chap Occupancies and 410	uirements for Participation in 2 CFR Subpart 483.90(a), and the 2012 Edition of the on Association (NFPA) 101, C). Building 01 was ter 19, Existing Health Care	{K 0	00}			
	three portions of one determined to be of T was fully sprinklered. memory care wing whitchen, the basemen room on the first floor events room. The fac with smoke detection areas open to the cordetectors hard wired installed in all residen	building which was ype II (111) construction and Building 01 consists of the nich is one story, the former t and the former dining which is now a special ility has a fire alarm system in the corridor and in all ridor. The facility has smoke to the fire alarm system t sleeping rooms. The of 155 and had a census of					
(I/, 000)	were sprinklered and services were sprinkle detached buildings pr Quality Review comp		84.0				
{K 000}	Code Recertification a conducted on 05/05/2	t (PSR) to the Life Safety and State Licensure Survey 5 and 05/06/25 was ana Department of Health in FR 483.90(a).	{K 0	00}			
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG 01, 02, 03		(X3) DATE SURVEY COMPLETED		
		155001	B. WING _			R 07/02/2025		
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				STREET ADDRESS, CITY, STATE, Z 7001 HOOVER RD INDIANAPOLIS, IN 46260	CIP CODE	01/02/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
{K 000}	Continued From pag	e 2	{K 0	00}				
	compliance with Req Medicare/Medicaid, A Life Safety from Fire National Fire Protect Life Safety Code (LS 03 were surveyed us Care Occupancies at This two story facility three portions of one determined to be of 1 was fully sprinklered. 2017 general renova floor resident sleepin memory care wing at sleeping rooms 1238 the first floor and res 2239, 2240 and 2241 Building 03 consists main entrance lobby, offices, conference reshop. The facility has smoke detection in the open to the corridor, detectors hard wired installed in all resider facility has a capacity	Hooverwood was found in uirements for Participation in 42 CFR Subpart 483.90(a), and the 2012 Edition of the ion Association (NFPA) 101, C). Building 02 and Building ing Chapter 18, New Health and 410 IAC 16.2. With a basement consists of building which was Type II (111) construction and Building 02 consists of the tion of all first and second g room areas not in the and the addition of resident 1, 1239, 1240 and 1241 on ident sleeping rooms 2238, I on the second floor in 2018. For the renovated first floor administrative support from, gift shop and beauty is a fire alarm system with the corridor and in all areas The facility has smoke to the fire alarm system int sleeping rooms. The y of 155 and had a census of						
	All areas where residuere sprinklered and services were sprinklered							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03		(X3) DATE SURVEY COMPLETED	
						R	
		155001	B. WING _			07/	02/2025
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 7001 HOOVER RD INDIANAPOLIS, IN 46260	<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		SHOULD BE		(X5) COMPLETION DATE
{K 000}	Continued From page	e 3	{K 0	000}			
{K 000}	Quality Review completed on 07/03/25 INITIAL COMMENTS		{K 0	000}			
	Code Recertification a conducted on 05/05/2	iana Department of Health in					
	Survey Date: 07/02/2	5					
	Facility Number: 000 Provider Number: 15 AIM Number: 10027	55001					
	compliance with Required Medicare/Medicaid, 4 Life Safety from Fire Rational Fire Protection Life Safety Code (LSC)	Hooverwood was found in uirements for Participation in 12 CFR Subpart 483.90(a), and the 2012 Edition of the on Association (NFPA) 101, C). Building 02 and Building ing Chapter 18, New Health and 410 IAC 16.2.					
	three portions of one determined to be of T was fully sprinklered. 2017 general renovat floor resident sleeping memory care wing an sleeping rooms 1238 the first floor and resi 2239, 2240 and 2241 Building 03 consists of main entrance lobby,	with a basement consists of building which was Type II (111) construction and Building 02 consists of the cion of all first and second groom areas not in the notate addition of resident, 1239, 1240 and 1241 on dent sleeping rooms 2238, on the second floor in 2018. Of the renovated first floor administrative support from, gift shop and beauty					

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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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{K 000}	smoke detection in the open to the corridor. detectors hard wired installed in all resider facility has a capacity 128 at the time of this All areas where resid were sprinklered and services were sprinklered.	s a fire alarm system with the corridor and in all areas. The facility has smoke to the fire alarm system at sleeping rooms. The prof 155 and had a census of a survey. The survey customary access all areas providing facility has no roviding facility services.	{K 0	00)				