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

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING		COMPLETED	
		155472	B. W	ING		06/14/	2023
					_		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
					HERRYLEAF DR		
HOOSIEF	R VILLAGE			INDIAN	APOLIS, IN 46268		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PROVIDER'S PLAN OF CORRECTI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'		COMPLETION
TAG	-	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	DATE
E 0000	REGGERTORT OR	LESC IDENTIFICATION OR MATTER		1710			DATE
L 0000							
Bldg							
Blug	An Emanagement Duam	and de and Crement read	E	000	Cultural and a state of the land of		
		paredness Survey was	E 00	000	Submission of this plan of		
	_	diana Department of Health in			correction shall not constitute		
	accordance with 42	CFR 483.73.			be construed as an admission	that	
					Hoosier Village Health Center		
	Survey Date: 06/14	4/23			provides anything other than a		
					high quality of care to its		
	Facility Number: 0				residents. Hoosier Village		
	Provider Number:	155472			considers itself to be a partner	•	
	AIM Number: NA				with the Indiana State Departn	nent	
					of Health and other entities in	an	
	At this Emergency I	Preparedness survey, Hoosier			ongoing effort to continually		
	Village was found n	not in compliance with			improve the services provided	in	
	Emergency Prepared	dness Requirements for			long term care facilities. We		
	Medicare and Medic	caid Participating Providers			believe that any feedback prov	/ided	
	and Suppliers, 42 C				to us should be taken very		
	,				seriously, and we are committee	-d	
	The facility has 24 o	certified beds. At the time of			to using our resources to make		
	the survey, the cens				any adjustments necessary to		
					achieve better outcomes for		
	The requirement at a	42 CFR Subpart 483.73 is NOT			residents.		
	MET as evidenced b	-			As required, the facility submit	c	
	WIET as evidenced				the following plan of correction		
	Quality Review con	ducted on 06/15/23			l are removing plan or correction	١.	
	Quality Review Coll	addied 011 00/15/25			Hoosier Village is requesting a	,	
						l	
					desk review of the plans of		
					corrections submitted.		
E 0041	482.15(e), 483.73(	(a) 485 625(a)					
SS=F	, ,						
		LTC Emergency Power					
Bldg	- , ,	ion for Participation:					
		d standby power systems.					
		implement emergency and					
		stems based on the					
		et forth in paragraph (a) of					
	this section and in	the policies and					
	procedures plan s	et forth in paragraphs (b)(1)					
	(i) and (ii) of this s	ection.					

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

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KYFN21 Facility ID: 000548 If continuation sheet Page 1 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

	N OF CORRECTION	IDENTIFICATION NUMBER  155472		ILDING	NSTRUCTION	COMPL 06/14	ETED
	PROVIDER OR SUPPLIEF	2	STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	The [LTC facility a implement emergy systems based or forth in paragraph §482.15(e)(1), §4. Emergency generator must be the location requirement of the location requirement of the location requirement of the location requirements TIA and TIA 12-5, ar Code (NFPA 101 Amendments TIA and TIA 12-4), an structure is built of structure or building 482.15(e)(2), §48 Emergency generation The [hospital, CAI implement the eminspection, testing requirements four Facilities Code, Nacode.  482.15(e)(3), §48 Emergency generand LTC facilities source to power end the power systems of th	and the CAH] must ency and standby power in the emergency plan set in (a) of this section.  83.73(e)(1), §485.625(e)(1) reator location. The elected in accordance with rements found in the Health inde (NFPA 99 and Tentative ents TIA 12-2, TIA 12-3, TIA and TIA 12-6), Life Safety and Tentative Interiments 12-1, TIA 12-2, TIA 12-3, ind NFPA 110, when a new or when an existing ing is renovated.  83.73(e)(2), §485.625(e)(2) reator inspection and testing. Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health Care FPA 110, and Life Safety in the Health					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 2 of 23

	EMENT OF DEFICIENCIES  LAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472		ILDING	NSTRUCTION	(X3) DATE COMPI 06/14		
	OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZIP COD  9875 CHERRYLEAF DR  INDIANAPOLIS, IN 46268					
(X4) II PREFI TAG	X (EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE	(X5) COMPLETION DATE	
	this section are a reference by the Federal Register 552(a) and 1 CFF the material from You may inspect Information Reso Boulevard, Baltim Archives and Rec (NARA). For infor this material at N. go to: http://www.archiv_of_federal_regulf any changes in incorporated by redocument in the Fannounce the characteristic (1) National Fire I Batterymarch Par Quincy, MA 0216 1.617.770.3000. (i) NFPA 99, Hea 2012 edition, issued (iii) Technical inte NFPA 99, issued (iii) TIA 12-3 to N 2012. (iv) TIA 12-4 to N 2013. (v) TIA 12-5 to NF 2013. (vi) TIA 12-6 to N 2014. (vii) NFPA 101, L edition, issued Au (viii) TIA 12-1 to N 11, 2011.	Protection Association, 1 rk, 19, www.nfpa.org, Ith Care Facilities Code, led August 11, 2011. rim amendment (TIA) 12-2 to August 11, 2011. FPA 99, issued August 9, FPA 99, issued March 7, FPA 99, issued August 1, FPA 99, issued March 3, ife Safety Code, 2012						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 3 of 23

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION (X3) DAT		(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<u></u>	COMPL	LETED
		155472	B. W	ING		06/14	/2023
		1		STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	R			HERRYLEAF DR		
HOOSIE	R VILLAGE				IAPOLIS, IN 46268		
TIOOOIL	T VILLY (OL				1		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	30, 2012.						
		FPA 101, issued October					
	22, 2013.						
		FPA 101, issued October					
	22, 2013.						
	, ,	Standard for Emergency and					
		ystems, 2010 edition,					
	2009	chapter 7, issued August 6,					
	Based on record rev	view, observation, and	E 0	041	This deficiency was cited due	to	06/30/2023
	interview; the facility failed to implement the				the Life Safety Code Inspector	r	
	emergency power system inspection, testing and				stating the facility failed to		
	maintenance requirements found in the Health				implement the emergency pov	ver	
	Care Facilities Code, NFPA 110, and Life Safety				system inspection, testing and	ł	
	Code in accordance	e with 42 CFR 483.73(e)(2).			maintenance requirements wh	nen	
	This deficient pract	tice could affect all occupants.			the thirty-six month period		
					emergency generator testing		
	Findings include:				documentation for four continu	uous	
					hours was not available for tim	nely	
		view with the Administrator,			review.		
		Services Director and the			The facility provided a copy of		
		raining (AIT) during record			thirty-six month four continuou	IS	
		m. to 12:50 p.m. on 06/14/23,			hours emergency generator		
		riod emergency generator			testing to the Life Safety Code		
	_	ion for four continuous hours			Inspector via telephone and p		
	_	ergency generator was not			on 6/15/2023. In addition and		
		v. Based on interview at the			directed, a copy was emailed	to	
		ew, the Environmental Services			the Life Safety Inspector on		
		facility has one propane fired			6/15/2023. Although		
		or and agreed supplemental			documentation was provided		
	_	entation for four hours within			showing proof of inspection,		
		ee year period was not			testing and maintenance		
		v. Based on observations with			requirements (Attachment A)	, the	
	the Administrator, the Environmental Services				deficiency was still cited.		
	·	enance Group Leader and the			The facility contacted its vend		
	_	of the facility from 1:15 p.m. to			who completes these inspection	ons,	
	_	/23, the facility has one propane			and this inspection will occur		
		nerator located outside the			yearly in addition to the three	year	
	building on the sou	th side of the property.			requirement.		
	I		ı		The facility will place a work o	rder	I

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548 If continuation sheet Page 4 of 23

	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		ONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPLETED	
		155472	B. W	ING		06/14/	2023
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD  9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRO		TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG DEFICIENCY)			DATE	
	These findings were				into the work order tracking		
	Administrator, the Environmental Services				system for the next 3 year		
	Director and the Al'	T during the exit conference.			inspections so that there will b		
					an additional tracking system	in	
					place. To ensure ongoing	_	
					compliance the tracking will be		
					reviewed in the quarterly QAP Safety committee.	i and	
					Carety committee.		
K 0000							
Bldg. 01							
2.49.0.	A Life Safety Code	Recertification and State	K	0000	Submission of this plan of		
	_	as conducted by the Indiana	110		correction shall not constitute	or	
	_	th in accordance with 42 CFR			be construed as an admission		
	483.70(a).				Hoosier Village Health Center		
					provides anything other than a	1	
	Survey Date: 06/14	./23			high quality of care to its		
					residents. Hoosier Village		
	Facility Number: 0				considers itself to be a partner		
	Provider Number:	155472			with the Indiana State Departr		
	AIM Number: NA				of Health and other entities in	an	
	And Tie e e	3 1 TT 1 TT 1			ongoing effort to continually		
	_	Code survey, Hoosier Village			improve the services provided	ın	
		mpliance with Requirements Medicare, 42 CFR Subpart			long term care facilities. We	المام ما	
	•	ety from Fire and the 2012			believe that any feedback prov	/laea	
		nal Fire Protection Association			to us should be taken very seriously, and we are committ	ed	
		afety Code (LSC) and 410 IAC			to using our resources to make		
		building and the nurses station			any adjustments necessary to		
		127 and Room 128 which was			achieve better outcomes for		
		were surveyed with Chapter			residents.		
	19 Existing Health	-			As required, the facility submit	s	
		•			the following plan of correction		
	This one story facili	ity was determined to be of					
	Type V (111) constr	ruction and was fully			Hoosier Village is requesting a	à	
	sprinklered. The fac	cility has a fire alarm system			desk review of the plans of		
	with hard wired smo	oke detection in support rooms			corrections submitted.		
		r and horizontal exit doors.					
	The facility has smo	oke detectors hard wired to the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 5 of 23

NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (INCITED TO YIPLIA TAGO ELECTION METALLE PROPERTY (INCIDENCE AND ASSESSED ASSESSED AND ASSESSED	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY		
NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE  (X4) ID  PRIFFIX  (RACI DIRICINCY MUST BE PRICEIDED BY RELL  TAG  BUILDING SELECTION OF THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEIDED BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEID BY RELL  FREIT TAG BUILDING SELECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BY RELL  TAG BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID BUILDING SEPTEMBER AND CORRECTION ON THE PRICEID	AND PLAN	OF CORRECTION						
HOOSIER VILLAGE    SUMMARY STATIMENT OF DEPCIENCIE   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAO   REGULATORY OR LISE (DESTIFYING INFORMATION   PREFIX TAO   REGULATORY OR LISE (DESTIFYING INFORMATION   Didding's electrical system with bartery back up installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 5 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.  Quality Review conducted on 06/15/23  K 0211   Means of Egress - General   Means of Egress - General   Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.  18.2.1, 19.2.1, 7.1.10.1  Based on observation and interview, the facility failed to ensure 1 of 10 means of egress was continuously maintainstand free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 10 residents, staff and visitors if needing to exit the facility from the courtyard outside the screened porch area outside the Social Center.  Findings include:  Findings in			155472	B. W	ING		06/14/	2023
PRETIX TAO    REGILATORY OR I.Sc. IDENTIFYING INFORMATION   TAG				9875 CHERRYLEAF DR				
TAG BEGULATORY OR ISE DIRECTIVENON TO BE FILED TO BE FULL TAG building's electrical system with battery back up installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 5 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.  Quality Review conducted on 06/15/23  K 0211  SS=E Bldg. 01  Means of Egress - General Means of Egress - General Alsles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.  18.2.1, 19.2.1, 7.1.10.1  Based on observation and interview, the facility failed to ensure 1 of 10 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 10 residents, staff and visitors if needing to exit the facility from the courtyard outside the screened porch area outside the Social Center.  Findings include:  Based on observations with the Administrator, the Environmental Services Director, the Maintenance Group Leader and the AIT during a tour of the facility from 1:15 p.m. to 3:10 p.m. on	(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDED'S BLANGE CORRECTION		(X5)
installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 5 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.  Quality Review conducted on 06/15/23  K 0211  SS=E  Means of Egress - General  Means of Egress - General  Aisles, passageways, corridors, exit dischariges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.  18.2.1, 19.2.1, 7.1.0.1  Based on observation and interview, the facility failed to ensure 1 of 10 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 10 residents, staff and visitors if needing to exit the facility from the courtyard outside the screened porch area outside the Social Center.  Findings include:  Based on observations with the Administrator, the Environmental Services Director, the Maintenance Group Leader and the AIT during a tour of the facility from 1:15 p.m. to 3:10 p.m. on	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TF	COMPLETION
installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 5 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.  Quality Review conducted on 06/15/23  K 0211  SS=E Bldg. 01  Means of Egress - General Allses, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.  18.2.1, 19.2.1, 7.1.10.1  Based on observation and interview, the facility failed to ensure 1 of 10 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 10 residents, staff and visitors if needing to exit the facility from the courtyard outside the screened porch area outside the Social Center.  Findings include:  Findings include:  Based on observations with the Administrator, the Environmental Services Director, the Maintenance Group Leader and the AIT during a tour of the facility from 1:15 p.m. to 3:10 p.m. on	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
screened porch area for the Social Center could environmental rounds will be	SS=E	installed in all residing facility has a capacinate the time of this sure. All areas where resiminate were sprinklered. The buildings providing Quality Review consumption of Egress - Means of Egress - Means of Egress - Aisles, passageward discharges, exit low in accordance with of egress is continuall obstructions to emergency, unless through 18/19.2.1, 18.2.1, 19.2.1, 7.1 Based on observation failed to ensure 1 of continuously maintator impediments to fire or other emergency could affect over 10 needing to exit the foutside the screened Center.  Findings include:  Based on observation the Environmental State and the Environmental State a	ent sleeping rooms. The ty of 24 and had a census of 5 arvey.  dents have customary access the facility has no detached facility services.  ducted on 06/15/23  General General ays, corridors, exit cations, and accesses are a Chapter 7, and the means uously maintained free of full use in case of a modified by 18/19.2.2  1 10.1 and interview, the facility for and interview, the facility for and interview, the facility for and interview in the case of ney. This deficient practice are residents, staff and visitors if facility from the courtyard all porch area outside the Social cons with the Administrator, Services Director, the Leader and the AIT during a room 1:15 p.m. to 3:10 p.m. on arard exit gate outside the	K 0	211	courtyard fence being locked. aforementioned fence is beyor 100ft of the building egress. The lock used to keep the courtyard gates secured has b removed. Staff have been educated to n place a lock on the courtyard e gates. To monitor corrections, weekly environmental rounds (Attachment B) will be comple which will include the requirem to observe for locked courtyard exit gates. To ensure ongoing compliance, an audit of the we	The and seen ot exit setted ment d	07/07/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 6 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER  155472		A. BUILDING  B. WING	01	COMPLI 06/14/2	ETED	
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR		
HOOSIEI	R VILLAGE			APOLIS, IN 46268		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	two exit doors mark the screened porch a outdoor courtyard o The exit access for t only gate in the cour surface walkway. T to the courtyard gate to open the gate who open multiple times time of the observat Services Director ag means of egress was free of all obstructio instant use in the car  These findings were Administrator, the E	Social Center consisted of ed with exit signs to exit into area which then exited into an in the east side of the facility, the courtyard gate was the rtyard fence which had a hard two sliding bolts were affixed a which could not be moved en the gate was tested to. Based on interview at the ions, the Environmental greed the aforementioned is not continually maintained ons or impediments to full see of fire or other emergency.		reviewed in the Safety committed quarterly compliance meeting of the next 6 months or until evidence of compliance is maintained.		
K 0300 SS=F Bldg. 01	Section 18.3 and requirements that provided K-tags, b information, along Safety Code or NF should be included Based on record revinterview; the facilit documentation for to smoke detectors in complete. NFPA 10 safety features obviously the Code in the code i	are not addressed by the ut are deficient. This with the applicable Life FPA standard citation, d on Form CMS-2567. iew, observation and	K 0300	This deficiency was cited due to smoke detectors in resident rooms not being tested on a monthly basis, rather than on a annual basis. The smoke detectors are hard wired into the building's electrical system with battery backups.	an ne	07/14/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21

Facility ID: 000548

If continuation sheet

Page 7 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472  NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  A. BUILDING D1  STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268  (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETICATION	E CONSTRUCTION (X3) DATE SURVEY	2) MULTIPLE CC	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		STATEMEN
NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE  STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CORRECTION PREFLY (EACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFLY (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC	G <u>01</u> COMPLETED	. BUILDING	IDENTIFICATION NUMBER	OF CORRECTION	AND PLAN
NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE  PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILETION)  (X5)  PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILETION)		B. WING	155472		
NAME OF PROVIDER OR SUPPLIER  HOOSIER VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE  PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILETION)  (X5)  PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPILETION)	CET ADDRESS CITY STATE ZID COD	CTREET /			
HOOSIER VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE  (X5)  PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETICE)  (X5)				PROVIDER OR SUPPLIER	NAME OF F
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC				D VIII ACE	HOOSIEI
PREFIX (FACH DEFICIENCY MIST BE PRECEDED BY FILL I PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC	IANAPOLIS, IN 40200	INDIAN		R VILLAGE	поозієї
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC	PROVIDER'S PLAN OF CORRECTION (X5)	ID	STATEMENT OF DEFICIENCIE	SUMMARY STATEMENT OF DEFICIENCIE	
CROSS-REFERENCED TO THE APPROPRIATE		CROSS-REFERENCED TO THE APPROP		(EACH DEFICIEN	PREFIX
TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE		TAG	LSC IDENTIFYING INFORMATION	REGULATORY OR	TAG
Edition, 29.10 Maintenance and Tests states Maintenance technicians have	Maintenance technicians have		tenance and Tests states	Edition, 29.10 Mair	
fire-warning equipment shall be maintained and received education regarding the	received education regarding the				
tested in accordance with the manufacturer's need to test smoke detectors in	need to test smoke detectors in				
published instructions and per the requirements health center resident rooms on a				-	
of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, monthly basis and housekeeping	• • • • • • • • • • • • • • • • • • • •		-	_	
testing, and maintenance programs shall satisfy  to ensure wiping exterior cover of	· · ·			1	
the requirements of this Code and conform to the the smoke alarms is done weekly.				^	
equipment manufacturer's published instructions.  To monitor corrections, a weekly			-		
This deficient practice could affect all residents, auditing log (Attachment C) will			ce could affect all residents,		
staff, and visitors. be completed which will include	I '			staff, and visitors.	
the observation to ensure the					
			Findings include:		
working order. To ensure ongoing					
	· · · · · · · · · · · · · · · · · · ·		Based on review of "Smoke Detector Test"		
documentation dated 02/13/23 with the reviewed in the quarterly Safety					
Administrator, the Environmental Services committee for the next 6 months					
Director and the Administrator in Training (AIT)  or until compliance is determined.	or until compliance is determined.				
during record review from 9:30 a.m. to 12:50 p.m.			-	_	
on 06/14/23, resident sleeping room smoke					
detector testing documentation for 51 weeks of				_	
the most recent 52 week period was not available for review. Based on interview at the time of			-		
record review, the Environmental Services					
Director stated the facility has smoke detectors				· ·	
hard wired to the building electrical system with			•		
battery back up installed in each resident sleeping					
room and stated additional weekly testing					
documentation was not available for review.					
Based on observations with the Environmental					
Services Director and the Maintenance Group					
Leader at 3:30 p.m. on 06/14/23, a Gentex			-		
Corporation Model S1209F smoke detector was					
installed on the ceiling in resident sleeping Room				_	
B127. Manufacturer's instructions affixed to the					
back of the detector stated to test the detector					
weekly and to keep the alarm cover clean. Based					
on interview at the time of the observations, the					
Environmental Services Director stated each					
resident sleeping room has the same model smoke					
detector installed inn the room and additional					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet

Page 8 of 23

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	A. BU	(X2) MULTIPLE CONSTRUCTION (X3) DATE S  A. BUILDING 01 COMPLI  B. WING 06/14/2			ETED
		100412	D. WI	_		00/14/	2023
	ROVIDER OR SUPPLIER	t.	STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K 0345 SS=F Bldg. 01	smoke detector tests most recent twelve available for review.  These findings were Administrator, the I Director and the AI 3.1-19(b)  NFPA 101  Fire Alarm System Maintenance Fire Alarm System Maintenance A fire alarm system in accordance with complying with the National Electric Continual Fire Alarm Records of system and testing are ready 1.3, 9.6.1.5, Now 1. Based on record facility failed to main accordance with Code as required by 9.6. NFPA 72, Section of the NFPA 72, Section o	ing documentation for the month period was not of the environmental Services.  The during the exit conference.  The Testing and the notation of the exit conference.  The Testing and the notation of the exit conference.  The Testing and the notation of the exit conference of the	K 0.		This deficiency was cited due semi-annual fire alarm system documentation not being avail for review. In addition, a heat detector in the kitchen was da 1996 and needed to be replaced. A contract was approved and vendors had not yet replaced heat detector at the time of the survey. A visual inspection was conducted by the facilities contracted vendor on 6/26/23. The facility contacted its vendowho complete these inspection and the contract was rewritten include visual semi-annual inspections. The facility contact	able  ted ed.  the es s . or ns to	07/07/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

 $KYFN21 \hspace{0.5cm} \textit{Facility ID:} \hspace{0.5cm} 000548 \hspace{0.5cm} \textit{If continuation sheet} \hspace{0.5cm} \textit{Page 9 of 23}$ 

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472		A. BUII	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/14/2023	
PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
SUMMARY:  (EACH DEFICIEN  REGULATORY OR  e. Magnetic hold-op This deficient pract staff and visitors.  Findings include:  Based on review of inspection contract Inspection" docume the Administrator, t Director and the Ad during record review on 06/14/23, semi-a documentation six r after 12/07/22 was r on interview at the r Environmental Serv semi-annual inspect facility's fire alarm review.  These findings were Administrator, the I Director and the AI  3.1-19(b)  2. Based on record of facility failed to ens was maintained in a LSC 9.6.1.3 require	statement of deficiencie CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION Den devices dice could affect all residents,  the fire alarm system or's "Alarm System entation dated 12/07/22 with the Environmental Services aministrator in Training (AIT) w from 9:30 a.m. to 12:50 p.m. annual fire alarm system months prior to or six months not available for review. Based time of record review, the rices Director agreed tion documentation for the system was not available for	P	9875 CH	HERRYLEAF DR	or in e, der stem	(X5) COMPLETION DATE
72, National Fire A 14.2.1.2.2 requires t malfunctions shall b	ional Electrical Code and NFPA larm Code. NFPA 72, Section that system defects and be corrected. This deficient t over two staff in the kitchen.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 10 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY  COMPLETED  06/14/2023	
	PROVIDER OR SUPPLIE	R	9875 C	ADDRESS, CITY, STATE, ZIP COE CHERRYLEAF DR NAPOLIS, IN 46268		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU	JLD BE COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	DATE	
		f the "System Tests and				
		on of the fire alarm system				
		tor's "Alarm System				
		entation dated 12/07/22 with				
	_	the Environmental Services				
		dministrator in Training (AIT)				
	during record revie	ew from 9:30 a.m. to 12:50 p.m.				
	on 06/14/23, one o	f two heat detectors in the				
	kitchen needs repla	aced. The "Comments" section				
	of "Systems Tests	and Inspections" section of				
	the 12/07/22 repor	t stated "Fixed temperature heat				
	detector in kitchen	is dated 1996 & needs				
	replaced". Review	of "Proposal for				
		documentation from the fire				
		ection contractor indicated the				
		e the heat detector was				
		cility 02/15/23. Based on				
		ne of record review, the				
		vices Director stated the				
		oved but the heat detector in				
		t yet been replaced at the time				
	of the survey.					
	These findings we	re reviewed with the				
	Administrator, the	Environmental Services				
	Director and the A	IT during the exit conference.				
	3.1-19(b)					
K 0346	NFPA 101					
SS=C		m - Out of Service				
Bldg. 01	Fire Alarm - Out					
	Where required f	ire alarm system is out of				
		than 4 hours in a 24-hour				
	period, the autho	rity having jurisdiction shall				
	be notified, and the	he building shall be				
	evacuated or an	approved fire watch shall be				
	provided for all pa	arties left unprotected by the				
	shutdown until th	e fire alarm system has				
	been returned to	service.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet

Page 11 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155472		A. BUILDING 01  B. WING		01	COMPLETED 06/14/2023		
	DF PROVIDER OR SUPPLIER IER VILLAGE	2	STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R 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
	failed to provide a deprotection of reside be followed in the control to be placed out-of-in a twenty four how LSC, Section 9.6.1. affects all residents  Findings include:  Based on review of Plan: Emergency Plan: Emergenc	when and interview, the facility complete written policy for the ints indicating procedures to event the fire alarm system has service for four hours or more are period in accordance with 6. This deficient practice is staff and visitors.  "Emergency Preparedness recedure-Fire Watch" d 05/15/23 with the Environmental Services Imministrator in Training (AIT) with fire watch policy for fire rement did not include the each required fire alarm system is more than 4 hours in a 24-hour shall be evacuated or an a shall be provided for all each by the shutdown until the eas been returned to service. It is should the fire alarm system with of "Fire Watch Procedures" rained in the Environmental Life Safety record book was an interview at the time of record strator and the Environmental rated staff, including new hires, Emergency Preparedness Plan" or they are hired and no less are not trained on "Fire Watch entation contained in the vices Director's Life Safety I on interview at the time of	K 0	346	This deficiency was cited due the facility's emergency preparedness plan lacking the specific statement "where if the required fire alarm system is of service for more than 4 hours 24 hour period the building shall be evacuated or an approved watch shall be provided for all parties left unprotected by the shut down until the fire alarm system has been returned to service". The facility did provide copy of "Fire Watch Procedure which contained all of this information. The state still cited this deficiency.  In an effort to be in compliance the facility has updated the emergency preparedness plan include the specific language required in the fire watch section The Fire watch procedures almost contained verbiage to comply this tag.  To ensure ongoing compliance reviewed and updated annuall and as needed. Review is conducted with the Quarterly Safety committee meetings.	e out of in a all fire le a es" d e, n to on. eady with e, Is	07/07/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 12 of 23

PRINTED: 07/26/2023

	T OF HEALTH AND HU R MEDICARE & MEDIO						RM APPROVED B NO. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(x3) date survey completed 06/14/2023	
	PROVIDER OR SUPPLIE R VILLAGE	R		9875 CI	ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR APOLIS, IN 46268		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	P	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
record review, the Administrator and the Environmental Services Director agreed the fir watch documentation for fire alarm system impairment in the "Emergency Preparedness P documentation was incomplete.		Administrator and the vices Director agreed the fire on for fire alarm system 'Emergency Preparedness Plan' s incomplete.					
	Administrator, the	re reviewed with the Environmental Services IT during the exit conference.					
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System Sprinkler System Automatic sprinkl are inspected, tes accordance with Inspection, Testir Water-based Fire Records of systel inspection and tes secure location a a) Date sprinkle	<u>.</u>					
	coverage for any automatic sprinkle 9.7.5, 9.7.7, 9.7.8 1. Based on observ failed to ensure 2 owere replaced ever	RKS information on non-required or partial er system.	K 033	53	This deficiency was cited due out of 10 sprinkler system gau not being replaced every 5 year documented as tested ever	ges ars	08/04/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

calibrated gauge. NFPA 25, Standard for the

Water-Based Fire Protection Systems, 2011

Inspection, Testing, and Maintenance of

Event ID:

KYFN21

Facility ID: 000548

If continuation sheet

years with a calibrated gauge. In

addition, 7 out of 8 of the dry

pendant sprinklers on the

Page 13 of 23

STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	LETED
		155472	B. W	ING		06/14/	/2023
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	₹			HERRYLEAF DR		
HOOSIFI	R VILLAGE				APOLIS, IN 46268		
	· · · · · · · · · · · · · · · · · · ·				52.6, 152.66		ı
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	ì ·	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Edition, Section 5.3.2.1 states gauges shall be				screened in porch area were		
	replaced every 5 years or tested every 5 years by				corroded.		
		calibrated gauge. Gauges not			The facility contacted its vende		
		percent of the full scale shall			and the gauges and sprinklers	5	
		eplaced. This deficient practice			were replaced on 6/26/23.		
		dents, staff, and visitors in the			To monitor corrections and to		
	facility.				for corroding and other issues	,	
	Findings :11				weekly environmental rounds	-41	
	Findings include:				(Attachment C) will be completely maintanened staff. The faci		
	Raced on observation	ons with the Administrator,			by maintenance staff. The faci	-	
		Services Director, the			will place a work order into the work order tracking system to	<del>;</del>	
		Leader and the AIT during a			track when gauges need to be		
		From 1:15 p.m. to 3:10 p.m. on			replaced so there is an addition		
		y has supervised dry and wet			tracking system in place.	niai	
		which had a total of ten			To ensure ongoing compliance	<b>P</b>	
		wo of the ten pressure gauges			the environmental logs will be		
		date of 2016 listed on the face			reviewed in the quarterly Safe		
		tem gauge. No recalibration			committee for the next 6 mont	-	
		as affixed to the two sprinkler			or until compliance is determin		
		sed on interview at the time of			'		
	1	e Environmental Services					
	Director stated docu	umentation of sprinkler system					
	gauge replacement	or recalibration was not					
	available for review	for each of the two sprinkler					
	system gauges which	ch were more than five years					
	old.						
	These findings were						
		Environmental Services					
	Director and the AI	T during the exit conference.					
	3.1-19(b)						
	2 Rased on record	review, observation, and					
		ty failed to ensure 7 of 8					
		reened porch area outside the					
		replaced in accordance with					
		5, Standard for the Inspection,					
		enance of Water-Based Fire					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 14 of 23

	NT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	COM	e survey pleted 4/2023			
	PROVIDER OR SUPPLIEI R VILLAGE	₹	STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE			
	states sprinklers shat shall be free of cornand physical damage correct orientation is sidewall). Furthern that shows signs of replaced:  (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in element (5) Loading (6) Painting unless manufacturer.  In lieu of replacing dust, it is permitted compressed air or be equipment does not This deficient pract residents, staff and screened porch area.  Findings include:  Based on review of the fire alarm syste "Sprinkler System dated 09/20/22 with Environmental Sernation of the system of the fire alarm syste (green) and need to observations with the Environmental Sernation of the system	gethe glass bulb heat responsive  grant sprinklers that are loaded with to clean sprinklers with ya vacuum provided that the touch the sprinkler.  ice could affect over 10 visitors in the vicinity of the a outside the Social Center.  The "Deficiencies" section of minspection contractor's Inspection" documentation in the Administrator, the vices Director and the raining (AIT) during record be replaced. Based on the Administrator, the vices Director, the Maintenance the AIT during a tour of the time. To 3:10 p.m. on 06/14/23, eiling mounted sprinklers in							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility

Facility ID: 000548

If continuation sheet

Page 15 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

		IDENTIFICATION NUMBER  155472	A. BUILD B. WING		01	COMPL 06/14/	ETED	
	PROVIDER OR SUPPLIER R VILLAGE		STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	II PRE TA		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE	
	were green with cor the time of the obser Services Director str sprinklers in the services Social Center was re inspection but the re mounted sprinklers	area outside the Social Center rosion. Based on interview at rvations, the Environmental ated one of the eight eened porch area outside the eplaced after the 09/20/22 emaining seven ceiling have not yet been replaced.						
		Γ during the exit conference.						
K 0354 SS=C Bldg. 01	extent and duration been determined, are inspected and recommendations management or deand the fire depart having jurisdiction the sprinkler system than 10 hours in a building or portion evacuated or an aprovided until the streturned to service.	Out of Service er system is impaired, the n of the impairment has areas or buildings involved risks are determined, are submitted to esignated representative, ment and other authorities have been notified. Where m is out of service for more 24-hour period, the of the building affected are pproved fire watch is sprinkler system has been						
	Based on record rev failed to provide a c containing procedur protection of all resi automatic sprinkler out-of-service for 10	iew and interview, the facility omplete written policy es to be followed for the dents in the event the system has to be placed 0 hours or more in a 24-hour e with LSC, Section 9.7.5. LSC	K 0354		This deficiency was cited due to the facility's emergency preparedness plan lacking the specific statement "where if the required sprinkler system is ou service for more than 10 hours 24 hour period the building sha	e t of in a	07/07/2023	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 16 of 23

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155472	B. W			06/14/	
		1.00.11			_		
NAME OF I	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
					HERRYLEAF DR		
HOOSIE	R VILLAGE			INDIAN	APOLIS, IN 46268		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	9.7.5 requires sprin	kler impairment procedures			be evacuated or an approved	fire	
	comply with NFPA 25. NFPA 25, Standard for the				watch shall be provided for all		
	Inspection, Testing	and Maintenance of			parties left unprotected by the		
	Water-Based Fire P	rotection Systems, 2011			shutdown until the sprinkler		
	Edition, Section 15.	.5.2 requires nine procedures			system has been returned to		
	that the impairment	coordinator shall follow. This			service". The facility did provid	de a	
	deficient practice co	ould affect all residents, staff			copy of "Fire Watch Procedure	es"	
	and visitors.				which contained all of this		
					information. The state still cite	d	
	Findings include:				this deficiency.		
					The facility has updated the		
		"Emergency Preparedness			emergency preparedness plar	n to	
	1	rocedure-Fire Watch"			include the specific language		
		ed 05/15/23 with the			required in the fire watch secti		
		Environmental Services			Staff have been educated on	the	
		lministrator in Training (AIT)			fire watch procedures.		
	_	w from 9:30 a.m. to 12:50 p.m.			To ensure ongoing complianc		
		ritten fire watch policy for			the emergency preparedness	-	
		pairment did not include the			is reviewed and updated annu	ıally	
		the required sprinkler system is			and as needed. Review is		
		ore than 10 hours in a 24-hour			conducted with the Quarterly		
		shall be evacuated or an			Safety committee meetings.		
	1 * *	shall be provided for all					
	_	eted by the shutdown until the					
		s been returned to service.					
		tch policy stated a fire watch					
		d should the sprinkler system					
		w of the "Fire Watch					
		entation contained in the					
		vices Director's Life Safety					
		mplete. Based on interview at					
		eview, the Administrator and					
		Services Director stated staff,					
	including new hires						
	"Emergency Preparedness Plan" documentation						
	after they are hired and no less than annually and are not trained on "Fire Watch Procedures"						
		tained in the Environmental					
		Life Safety record book. Based					
	on interview at the	time of record review, the	- 1				I

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 17 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER  155472	A. BUILDING B. WING	01	COMPLETED 06/14/2023	
	PROVIDER OR SUPPLIER		9875 C	ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR IAPOLIS, IN 46268		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
K 0372 SS=D Bldg. 01	Director agreed the sprinkler system impreparedness Plan' incomplete.  These findings were Administrator, the Edirector and the Alfa. 3.1-19(b)  NFPA 101					
	Barrier Construction 2012 EXISTING Smoke barriers shall be proposed at the proposed at the state of the smoke barriers where an is installed for smoke barriers where an is installed for smoke barriers and to the smoke barriers and to the smoke barriers and the smoke barriers was resistance rating of the smoke barriers was resistance rating of the smoke barriers to Sepenetrations for cab similar items that parassembly constructed through the ceiling in barrier shall be protegisted.	all be constructed to a ance rating per 8.5. Smoke ermitted to terminate at an e dampers are not required as in fully ducted HVAC approved sprinkler system ske compartments adjacent er. ) hanical smoke control	K 0372	This deficiency was cited due penetration in the ceiling smoł barrier in the employee break room. The smoke barrier was repaire immediately on the same day the life safety survey. The smoke barrier has been thoroughly inspected and no further gaps or penetrations has been identified.	ed as	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21

Facility ID: 000548

If continuation sheet

Page 18 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155472	B. W	ING		06/14/	2023
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER			1	HERRYLEAF DR		
HOOSIE	R VILLAGE				APOLIS, IN 46268		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
		lso constructed as a fire barrier,			Maintenance technicians		
	*	all be protected in accordance			responsible for completing		
	_	nts of Section 8.3.5 to limit the			electrical or plumbing related v		
	-	spread of fire for a time period equal to the fire			orders have been educated to		
		sembly and Section 8.5.6. This			ensure that any pipes, wires, o		
	-	ould affect over two staff and			devices moved that pass throu	-	
	visitors in the Staff	Lounge by the service hall.			smoke or fire barrier have bee		
					treated with flame caulk to pro	tect	
	Findings include:				the barrier from smoke or fire		
					passage during a real fire ever	nt.	
		ons with the Administrator,			As a means of ongoing		
		Services Director, the			compliance the DES will contin		
	-	Leader and the AIT during a			visual inspection of the buildin		
	,	From 1:15 p.m. to 3:10 p.m. on			and report findings to the safe	ty	
		th by four inch hole was noted			committee quarterly ongoing		
	-	Staff Lounge near the center					
		eiling consisted of two layers					
		drywall. Based on interview					
		oservations, the Environmental					
		ated it appeared the hole was					
	_	unted fire alarm system smoke					
	· ·	he smoke detector was moved					
		close to an HVAC vent and					
	_	ntioned opening did not					
		moke barrier was protected to					
		sistance rating of the smoke					
	barrier.						
	These findings were	e reviewed with the					
		Environmental Services					
	Director and the AI	T during the exit conference.					
	3.1-19(b)						
K 0712	NFPA 101						
SS=F	Fire Drills						
Bldg. 01	Fire Drills						
	Fire drills include t	the transmission of a fire					
	alarm signal and s	simulation of emergency fire					
	-	ills are held at expected					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 19 of 23

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPI	LETED
		155472	B. W	ING		06/14	/2023
				CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	8			HERRYLEAF DR		
HOOSIEI	R VILLAGE				IAPOLIS, IN 46268		
HOOSIEI	R VILLAGE			INDIAN	APOLIS, IN 40200		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE.	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	and unexpected ti	mes under varying					
	conditions, at leas	t quarterly on each shift.					
	The staff is familia	r with procedures and is					
	aware that drills a	re part of established					
	routine. Where dr	ills are conducted between					
	9:00 PM and 6:00	AM, a coded					
	announcement ma	ay be used instead of					
	audible alarms.						
	19.7.1.4 through 1	19.7.1.7					
		view and interview, the facility	K 0	712	1		07/07/2023
	failed to document	activation of the fire alarm			the fire alarm system not bein	g	
	system second shift	fire drills conducted between			activated for a fire drill conduc	ted	
	6:00 a.m. and 9:00 j	p.m. for 1 of 4 quarters. LSC			prior to 9pm.		
	19.7.1.4 states fire of	drills in health care occupancies			Maintenance staff in charge o	f	
	shall include the tra	nsmission of the fire alarm			conducting these drills have b	een	
	signal and simulation	on of emergency fire			educated regarding the		
	conditions. When d	drills are conducted between			Emergency Drills policy which	l	
	9:00 p.m. (2100 hou	urs) and 6:00 a.m. (0600 hours), a			state fire drills must be condu	cted	
		nt shall be permitted to be			with an audible alarm for all d	rills	
	used instead of audi	ible alarms. This deficient			not occurring between 9pm ar	nd	
	practice could affec	t all residents, staff and			6am.		
	visitors in the facility	ty.			In order to monitor for correcti	ons,	
					a drill log (Attachment D) will	be	
	Findings include:				kept in the binder where drills	are	
					filed, which shows all of the di	ʻills	
	Based on review of	-			for the year so that times of di	ʻills	
		the Administrator, the			can be easily viewed for		
	Environmental Serv	vices Director and the			scheduling purposes. In additi	on,	
		aining (AIT) during record			a sign will be added to the from		
		m. to 12:50 p.m. on 06/14/23,			fire drills binder reminding sta	ff	
		he second shift fire drill			that live audible drills must oc	cur	
		/23 at 8:00 p.m. indicated the			outside of the 9pm to 6am		
		after 6:00 a.m. but before 9:00			window.		
	1 -	clude activation of the fire					
	· ·	ansmission of the fire alarm					
	signal at the time of						
	aforementioned sec						
		ed "Silent" in response to					
		tion Method" and "NA" in					
	response to "Monito	oring company received signal					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 20 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472			JILDING	nstruction <u>01</u>	(X3) DATE SURVEY  COMPLETED  06/14/2023		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268				
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	λΤΕ	(X5) COMPLETION
K 0918 SS=F Bldg. 01	at". Based on interveview, the Environ the facility operates agreed documentatisecond shift fire dribefore 9:00 p.m. did fire alarm system as signal at the time of These findings were Administrator, the EDirector and the AI 3.1-19(b)  NFPA 101  Electrical Systems	e reviewed with the Environmental Services T during the exit conference.  s - Essential Electric Syste s - Essential Electric		TAG	DEFICIENCY)		DATE
	The generator or source and associof supplying service 10-second criterion monthly test, a programmally confirm the safety and critical and testing of the switches are performed NFPA 110.  Generator sets are exercised under low year in 20-40 day once every 36 moscheduled test under a complete simula automatic or manuloads, and are corpersonnel. Mainte energy power sour	other alternate power lated equipment is capable be within 10 seconds. If the in is not met during the possess shall be provided to his capability for the life branches. Maintenance generator and transfer formed in accordance with the inspected weekly, and 30 minutes 12 times a intervals, and exercised intervals, and exercised der load conditions include					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 21 of 23

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			X3) DATE SURVEY COMPLETED 06/14/2023		
	OF PROVIDER OR SUPPLIES	3	STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268					
(X4) IE PREFE TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	program for perio components is est manufacturer req of maintenance at and readily availated and circuits are mand separate from Minimizing the post emergency power consideration for 6.4.4, 6.5.4, 6.6.4 NFPA 111, 700.1 Based on record resinterview; the faciliperiod emergency generated 99 and NFPA 110. Code, 2012 Edition 1 and Type 2 essent sources (EPSS) shate Class X, Level 1 generated years and NFPA 110, the States Standby Powers Systates Level 1 EPS for the duration of 4.2). Section 8.4.9 class is greater than to terminate the test shall be specificated and the speci	(NFPA 99), NFPA 110,	K 0	918	This deficiency was cited due the Life Safety Code Inspector stating the facility failed to implement the emergency pow system inspection, testing and maintenance requirements who the thirty-six month period emergency generator testing documentation for four continuous was not available for time review.  The facility provided a copy of thirty-six month four continuous hours emergency generator testing to the Life Safety Code Inspector via telephone and pion 6/15/2023. In addition and directed, a copy was emailed the Life Safety Code Program Supervisor on 6/15/2023. Althocoumentation was provided showing proof of inspection, testing and maintenance requirements (Attachment A), deficiency was still cited. The facility contacted its vendow who completes these inspections	ver en lous lely the s cture as lo	07/08/2023	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KYFN21 Facility ID: 000548

If continuation sheet Page 22 of 23

PRINTED: 07/26/2023 FORM APPROVED OMB NO. 0938-039

l i '		(X2) MULTIPLE C A. BUILDING B. WING	<u>v.</u>		(X3) DATE SURVEY COMPLETED 06/14/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE			9875 (	ADDRESS, CITY, STATE, ZIP COD CHERRYLEAF DR NAPOLIS, IN 46268		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	the Environmenta Administrator in Treview from 9:30 thirty-six month p testing documenta for the facility's et available for reviet time of record rev Director stated the emergency general load testing document the most recent the available for reviet the Administrator. Director, the Main AIT during a tour 3:10 p.m. on 06/1-fired emergency g building on the so These findings we Administrator, the	eview with the Administrator, I Services Director and the Craining (AIT) during record a.m. to 12:50 p.m. on 06/14/23, eriod emergency generator tion for four continuous hours mergency generator was not w. Based on interview at the iew, the Environmental Services of facility has one propane fired tor and agreed supplemental mentation for four hours within tree year period was not w. Based on observations with the Environmental Services attenance Group Leader and the of the facility from 1:15 p.m. to 4/23, the facility has one propane enerator located outside the uth side of the property.  The reviewed with the Environmental Services are reviewed with the Environmental Services are reviewed with the Environmental Services are reviewed with the Environmental Services		and this inspection will occur yearly in addition to the three requirement.  The facility will place a work of into the work order tracking system for the next 3 year inspections so that there will an additional tracking system place. To ensure ongoing compliance the tracking will be reviewed in the quarterly QAF Safety committee.	year order be in	

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KYFN21 Facility ID: 000548 If continuation sheet Page 23 of 23