

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155472		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 06/14/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/08/23</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>At this PSR survey to the Emergency Preparedness survey, Hoosier Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 24 certified beds. At the time of the survey, the census was 2.</p> <p>Quality Review completed on 08/09/23</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/14/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/08/23</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p>			K 0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission that Hoosier Village Health Center provides anything other than a high quality of care to its residents. Hoosier Village considers itself to be a partner with the Indiana State Department of Health and other entities in an</p>		

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 other safeguards 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 disclosable 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 0211 SS=B Bldg. 01	<p>At this PSR survey, Hoosier Village was found in substantial compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building and the nurses station near resident Room 127 and Room 128 which was constructed in 2010 were surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in support rooms and at smoke barrier and horizontal exit doors. The facility has smoke detectors hard wired to the 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 2 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review completed on 08/09/23</p> <p>NFPA 101 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</p>				<p>ongoing effort to continually improve the services provided in long term care facilities. We believe that any feedback provided to us should be taken very seriously, and we are committed to using our resources to make any adjustments necessary to achieve better outcomes for residents.</p> <p>As required, the facility submits the following plan of correction: Hoosier Village is requesting a desk review of the plan of corrections submitted as the correction was completed while the Life Safety surveyor was on site visualized correction before leaving the campus.</p>		

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	<p>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. LSC Section 7.2.1.4.2(2) states side-hinged or pivoted-swinging type door leafs shall swing in the direction of egress travel where the door is used in an exit enclosure. 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.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Environmental Services Director during a tour of the facility from 9:10 a.m. to 9:27 a.m. on 08/08/23, each of the two exit gate door leafs in the courtyard fence outside the screened porch area for the Social Center do not swing in the direction of egress travel. The Social Center consisted of two exit doors marked with exit signs to exit into the screened porch area which then exited into the outdoor courtyard on the east side of the facility. The exit access for the courtyard gate was the only gate in the courtyard fence which had a hard surface walkway. Based on interview at the time of the observations, the Environmental Services Director agreed the aforementioned means of egress was not continually maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>These findings were reviewed with the Administrator and the Environmental Services Director during the exit conference.</p> <p>Based on observations with the Administrator</p>			K 0211	<p>This deficiency was cited due to the courtyard fence gates not swinging in the direction of egress travel. The aforementioned fence is beyond 100ft of the building egress.</p> <p>The hinges on the courtyard gates were removed and the gate was rehung before the surveyors exited the building.</p> <p>Staff were educated that courtyard gates need to swing in the direction of travel in case of emergency.</p> <p>To monitor corrections, weekly environmental rounds will be completed which will include the requirement to observe for locked courtyard exit gates and ensure the path of egress is free of obstruction. To ensure ongoing compliance, an audit of the weekly environmental rounds will be reviewed in the Safety committee quarterly compliance meeting for the next 6 months or until evidence of compliance is maintained.</p>		08/23/2023

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	and the Environmental Services Director at 10:48 a.m. on 08/08/23, facility maintenance staff re-hung the two exit gate door leafs in the courtyard fence such that each door now swings in the direction of egress travel to the public way. 3.1-19(b)						