

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

PRINTED: 05/02/2024
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 04/16/2024	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268			
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/16/24</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>At this 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 12.</p> <p>Quality Review completed on 04/17/24</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/16/24</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>At this Life Safety Code survey, Hoosier Village was found not in compliance with Requirements</p>			K 0000	<p>The submission of this plan of correction shall not constitute to 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 ongoing effort to continually improve the services provided in long term care facilities. We</p>		

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

TITLE

(X6) DATE

Mindy Kantz

Executive Director

04/30/2024

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 disclosed 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 0211 SS=E Bldg. 01	<p>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 backup installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 12 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 04/17/24</p>				<p>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 plans of corrections submitted and has submitted supporting documentation to illustrate corrective actions being made.</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 Based on observation and interview, the facility failed to ensure 1 of 10 means of egress was continuously maintained free of all obstructions</p>			K 0211	<p>This deficiency was cited due to 1 of 10 means of egress being blocked by a parked car at the</p>		05/17/2024

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K 0324 SS=E	<p>or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 8 residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services Director (ESD) and three Administrators in training on 04/16/24 between 1:05 p.m. and 2:50 p.m., the following was noted:</p> <p>a. The exit discharge near the beauty salon led to a driveway which was obstructed by an automobile parked at the end of the sidewalk. The ESD stated that it was likely kitchen staff who parked in the aforementioned location.</p> <p>b. The exit discharge near the beauty salon led to a driveway. The discharge sidewalk was uneven in one location and had a 2-3-inch drop where the terrain had separated down the incline. The ESD stated that he walked the property regularly and looked for this kind of condition but must have just missed this location.</p> <p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Cooking Facilities</p>				<p>end of the sidewalk, along with this sidewalk being uneven. The car blocking the sidewalk was immediately removed from this area. A new, no parking, sign was ordered and installation completed on 4/24/24. (Attachment A). Furthermore, quotes for repair work to the uneven sidewalk have been received and work is expected to begin 5/17/24 (Attachment B). To ensure ongoing compliance, Human Resources will send out a reminder to all staff that staff should not be parking in no parking zones, and to utilize the staff parking lot. Additionally, Administrator will be responsible to conduct weekly rounds for 4 weeks, and then monthly thereafter for 6 months, to ensure that all paths of egress are clear, and any issues are immediately addressed by the Administrator with 1:1 re-education, and objects obstructing the means of egress are immediately removed. Audits completed by the Administrator will be reviewed by the Life Safety Committee during the next two quarterly Life Safety Committee meeting, or until the Life Safety Committee determines substantial compliance has been achieved.</p>		

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Bldg. 01	<p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>1. Based on observation and interview, the facility failed to install the kitchen range hood system in accordance with the requirements of LSC 9.2.3. Section 9.2.3 states commercial cooking equipment shall be installed in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 2011 edition, Section 6.2.4.1 states kitchen range hood system filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). This deficient practice could affect up to 6 staff and visitors.</p>			K 0324	<p>This deficiency was cited due to missing drip trays from the kitchen range hood system as well as a cooktop/range in the therapy area not being turned off when not in use.</p> <p>Koorsen and Facilities Management have been contacted to provide quotes on drip trays and installation. Installation of drip trays is scheduled for 4/30/24.</p> <p>(Attachment C) A service agreement with Koorsen to maintain the kitchen range hood system is in place.</p> <p>Switches controlling the cooktop/range power are</p>		05/17/2024

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	<p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services Director (ESD) and three Administrators in training on 04/16/24 between 1:05 p.m. and 2:50 p.m., the design of the kitchen hood requires two drip trays, one on each side. Each side was missing its metal drip tray underneath the kitchen range hood system.</p> <p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>2. Based on observation and interview, the facility failed to ensure cook tops in the therapy area were not powered off when not in use. LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:</p> <p>(1) The space containing the cooking equipment is not a sleeping room.</p> <p>(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.</p> <p>(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.</p> <p>19.3.2.5.3(9) states A switch meeting all of the following is provided:</p> <p>(a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.</p> <p>(b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff</p>				<p>scheduled to be installed in Therapy Department on 5/3/24.</p> <p>(Attachment D)</p> <p>Administrator will be responsible for conducting weekly rounds for 4 weeks, and then monthly thereafter for 6 months, to observe the presence of drip trays, and to ensure that ranges not in use have been powered off.</p> <p>Audits completed by the Administrator will be reviewed by the Life Safety Committee during the next two quarterly Life Safety Committee meeting, or until the Life Safety Committee determines substantial compliance has been achieved.</p>		

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K 0351 SS=E Bldg. 01	<p>supervision. This deficient practice could affect five residents in the therapy area.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services Director (ESD) and three Administrators in training on 04/16/24 between 1:05 p.m. and 2:50 p.m., there was a cooktop/range in the therapy area that was separated from the corridor which was powered on and not in use at the time of the survey. Based on interview at the time of observation, the ESD was asked if staff were able to deactivate the cooktop and lock the switch when not in use. The ESD stated the shut off switch is in the breaker box, and he believed staff were aware of how to deactivate the power to the appliance when not in use.</p> <p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p>						

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	<p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in the Medical Supply Closet in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect up to 3 staff.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services Director (ESD) and three Administrators in training on 04/16/24 between 1:05 p.m. and 2:50 p.m., the Medical Supply Closet had storage stacked within 18 inches of the ceiling.</p>			K 0351	<p>This deficiency was cited due to boxes being less than 18-inches from the ceiling in the storage room. Boxes within 18-inches of the ceiling were immediately removed, and a new shelving unit was added to the closet to store the boxes that were removed from near the ceiling. Signage was added to the storage room in an attempt to re-educate staff of the 18-inch clearance rule.</p> <p>(Attachment E)</p> <p>Staff involved in stocking the supply room will be re-educated that any object shall not be placed within 18-inches of the ceiling in an attempt to not obstruct the sprinkler system.</p> <p>Administrator will be responsible to conduct weekly rounds for 4 weeks, and then monthly thereafter for 6 months, to ensure that any issues are immediately addressed by the Administrator with 1:1 re-education, and by</p>		05/02/2024

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K 0920 SS=E Bldg. 01	<p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p>		<p>removing objects obstructing within 18-inches of the ceiling immediately.</p> <p>Audits completed by the Administrator will be reviewed by the Life Safety Committee during the next two quarterly Life Safety Committee meeting, or until the Life Safety Committee determines substantial compliance has been achieved.</p>		

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	<p>1. Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 2 staff and residents.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services Director and three Administrators in training on 04/16/24 between 1: 05 p.m. and 2:50 p.m., in the DON office a power strip was being used to power a dorm style refrigerator (high power draw equipment).</p> <p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 3 staff in the nurse's station.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Environmental Services</p>			K 0920	<p>This deficiency was cited due to an adapter plug being utilized in a resident's room, a power-strip being utilized in the DON office, and an extension cord that was plugged in at the nurse's station. Power-strip, multi-plug adapter, and extension cord were all immediately removed. Residents and families will be informed by our Admissions Coordinator at the time of admission that power strips, multi-plug adapters, and extension cords cannot be used in place of fixed wiring in the resident's rooms. Administrator will be responsible to conduct weekly rounds for 4 weeks, and then monthly thereafter for 6 months, to ensure that any issues are immediately addressed by the Administrator with 1:1 re-education to staff on the unit and the resident and/or their family member, and by removing the power strips, multi-plug adapters, and extension cords immediately. Audits completed by the Administrator will be reviewed by the Life Safety Committee during the next two quarterly Life Safety Committee meeting, or until the Life Safety Committee determines substantial compliance has been achieved.</p>		05/02/2024

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	<p>Director and three Administrators in training on 04/16/24 between 1:05 p.m. and 2:50 p.m., (1) in the Medicare nurses station area, a large extension cord was plugged into a power strip. And (2) in Resident Room #210 a multiplug adaptor was in use near the television.</p> <p>This finding was acknowledged by the Environmental Services Director at the time of observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present.</p> <p>3.1-19(b)</p>						