		AID SERVICES	(VA) 1 (VI TOTAL TO TO	ON LOTTION L	OVID NO. 0936-039
		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING		COMPLETED
		155472	B. WING		04/16/2024
	PROVIDER OR SUPPLIER		9875 C	ADDRESS, CITY, STATE, ZIP COD CHERRYLEAF DR	
HOOSIEI	R VILLAGE		INDIAN	IAPOLIS, 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	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
E 0000					
Bldg	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/16/24 Facility Number: 000548 Provider Number: 155472 AIM Number: NA 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.		E 0000		
	the survey, the cens	us was 12.			
	Quality Review con	npleted on 04/17/24			
K 0000					
Bldg. 01					
	Licensure Survey w Department of Heal 483.70(a). Survey Date: 04/16 Facility Number: 0 Provider Number: AIM Number: NA At this Life Safety 6	00548 155472	K 0000	The submission of this plan of correction shall not constitute be construed as an admission 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 Departr of Health and other entities in ongoing effort to continually improve the services provided long term care facilities. We	to that r ment an

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

TITLE (X6) DATE

Mindy Kantz Executive Director 04/30/2024

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: Q8UV21 Facility ID: 000548 If continuation sheet Page 1 of 10

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

PRINTED: 05/02/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472		A. Bl	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 04/16/2024	
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR		
HOOSIE	R VILLAGE				IAPOLIS, IN 46268		
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5)
PREFIX TAG	``	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION DATE
1110		Medicare, 42 CFR Subpart		1110	believe that any feedback prov	/ided	5.112
		ety from Fire and the 2012			to us should be taken very		
		nal Fire Protection Association			seriously, and we are committe		
	1 1	Safety Code (LSC) and 410 IAC			to using our resources to make	Э	
	1	building and the nurses station			any adjustments necessary to		
		127 and Room 128 which was were surveyed with Chapter			achieve better outcomes for		
	19 Existing Health	-			residents. As required, the facility submit	c	
	1) Laisting Health	Care Geoupaneles.			the following plan of correction		
	This one-story facil	ity was determined to be of			Hoosier Village is requesting a		
	1	ruction and was fully			desk review of the plans of		
	sprinklered. The fa	cility has a fire alarm system			corrections submitted and has		
		oke detection in support rooms			submitted supporting		
	and at smoke barrier and horizontal exit doors.				documentation to illustrate		
		oke detectors hard wired to the			corrective actions being made		
	1	system with battery backup					
		lent sleeping rooms. The ity of 24 and had a census of					
	12 at the time of thi	-					
		idents have customary access					
	_	The facility has no detached					
	buildings providing	racinty services.					
	Quality Review cor	mpleted on 04/17/24					
K 0211	NFPA 101						
SS=E	Means of Egress						
Bldg. 01	Means of Egress						
		ays, corridors, exit					
	_	ocations, and accesses are					
		h Chapter 7, and the means					
	_	nuously maintained free of full use in case of					
		s modified by 18/19.2.2					
	through 18/19.2.1	-					
	18.2.1, 19.2.1, 7.1						
		on and interview, the facility	K 0	211	This deficiency was cited due	to 1	05/17/2024
		f 10 means of egress was			of 10 means of egress being		
	continuously maint	ained free of all obstructions			blocked by a parked car at the	!	

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

Event ID:

Q8UV21 Facility ID: 000548

If continuation sheet Page 2 of 10

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472 NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE INDIANAPOLIS, IN 46268	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE (X4) ID SUMMARY STATEMENT OF DEFCIENCIE PREFIX TAG OF 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. Findings include: 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 169 5p. m. and 2:50 p.m., the following was noted: a. The exit discharge near the beauty salon led to a driveway which was obstructed by an automobile parked in the aforementioned location. b. The exit discharge near the beauty salon led to a driveway. The fischarge sidewalk was unvern in one location and had a 2-3-inch drop where the terrain had separated down the incline. The ESD stated that it was likely kitchen staff who parked in the aforementioned location. b. The exit discharge near the beauty salon led to a driveway. The fischarge sidewalk was unvern in one location and had a 2-3-inch drop where the terrain had separated down the incline. The ESD stated that it was likely kitchen staff who parked in the aforementioned location. b. The exit discharge near the beauty salon led to a driveway. The fischarge 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 it was likely kitchen staff who parked in the aforementioned location. 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.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. B	UILDING	01	COMPL	ETED
MAMOSIER VILLAGE September			155472	B. W	'ING		04/16/	2024
MAMOSIER VILLAGE September			<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
INDIANAPOLIS, IN 46268 INDIANAPOLIS, IN 46268	NAME OF P	PROVIDER OR SUPPLIER						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MIST BE PRECEDE BY FULL TAG 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. Eindings include: Dried 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 uneval ideal 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 parts of egress are clear, and any issues are immediately addressed by the Administrator will be reviewed by the Life Safety Committee during	HOOSIE	R VILLAGE			1			
PREFIX TAG REGULATORY OR LSC DENTIFYING NFORMATION TAG 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. 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: 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 kichen staff who parked in the aforementioned location. 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 it was likely 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 skind of condition but must have just missed this location. 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.			OT A TEMENT OF DEPLOYENCE	1	1	,		OV.5
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. 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: a. The exit discharge near the beauty salon led to a driveway. The discharge sidewalk was neven in one location and had a 2-3-inch drop where the terrain had separated down the incline. The ESD stated that it walked the property regularly and looked for this kind of condition but must have just missed this location. This finding was acknowledged by the Environmental Services Director, Executive Director and 3 Administrators in Training all present. end of the sidewalk, along with this sidewalk was immediately removed from this area. Jok dewalk 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 parality. 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. Audit scompleted by the Administrator will be reviewed by the Life Safety Committee during						PROVIDER'S PLAN OF CORRECTION		
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. 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: a. The exit discharge near the beauty salon led to a driveway. The discharge sidewalk was neven in one location and had a 2-3-inch drop where the terrain had separated down the incline. The ESD stated that it walked the property regularly and looked for this kind of condition but must have just missed this location. This finding was acknowledged by the Environmental Services Director, Executive Director and 3 Administrators in Training all present. end of the sidewalk, along with this sidewalk was immediately removed from this area. Jok dewalk 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 parality. 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. Audit scompleted by the Administrator will be reviewed by the Life Safety Committee during		``				CROSS-REFERENCED TO THE APPROPRIA	TE	
fire or other emergency. This deficient practice could affect over 8 residents, staff and visitors if needing to exit the facility. 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: 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. 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. 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.	IAG			+	IAG			DATE
could affect over 8 residents, staff and visitors if needing to exit the facility. Findings include: 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: 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. 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. 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.		*				_		
immediately removed from this area. A new, no parking, sign was ordered and installation completed on 4/24/24. (Attachment A). 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: 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. 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 the walked the property regularly and looked for this kind of condition but must have just missed this location. 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.		_	•			_	ie	
Findings include: 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: 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. 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. 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. 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 immediately addressed by the Administrator with 1:1 re-education, and objects obstructing the means of egress are immediately removed. Audits completed by the Padministrator will be reviewed by the Life Safety Committee during						_		
Findings include: 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: 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. 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. 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. This finding was acknowledged by the Environmental Services Director, Executive Director and 3 Administrators in Training all present.		needing to exit the i	acmiy.			-		
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: 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. 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. 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. 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 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 to 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 will 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		Findings include:						
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: 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. 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. 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. 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		i maniga metude.					CIGU	
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: 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. 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. 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. 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		Based on observation	on and interview during a			, , , , , , , , , , , , , , , , , , , ,		
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: 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. 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. 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. 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. Director and 3 Administrators in Training all present.			9					
training on 04/16/24 between 1:05 p.m. and 2:50 p.m., the following was noted: 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. 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. 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. 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. Director and 3 Administrators in Training all present.		-						
p.m., the following was noted: 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. 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. 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. (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								
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. 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. 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. a treminder 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. 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. 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 will 1:1 re-education, and objects obstructing the means of egress are immediately removed. Additionally, Administrator will be reviewed by the Administrator will be reviewed by the Administrator will be reviewed by the Administrator will be reviewe		_	-					
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. 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. 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. 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. Addits completed by the Administrator will be reviewed by the Life Safety Committee during						l ` ′		
automobile parked at the end of the sidewalk. The ESD stated that it was likely kitchen staff who parked in the aforementioned location. 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. 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. 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		_						
parked in the aforementioned location. 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. 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. 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. Administrator will be reviewed by the Life Safety Committee during						reminder to all staff that staff		
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. 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. 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 observation, and objects obstructing the means of egress are immediately removed. 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 immediately addressed by the Administrator with 1:1 re-education, and objects obstructing the means of egress are immediately removed. Additionally, Administrator will be reviewed by the Administrator will be reviewed by the Life Safety Committee during		ESD stated that it w	as likely kitchen staff who			should not be parking in no		
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. 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. 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. 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. Additionally, Administrator will be		parked in the aforen	nentioned location.			parking zones, and to utilize th	ie	
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. 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. This finding was acknowledged by the Environmental Services Director, Executive Director and 3 Administrators in Training all present. The esponsible 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		b. The exit discharg	e near the beauty salon led to			staff parking lot.		
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. 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. Tounds for 4 weeks, and then monthly thereafter for 6 months, to ensure that all paths of egress 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		a driveway. The dis	charge sidewalk was uneven			Additionally, Administrator will	be	
stated that he walked the property regularly and looked for this kind of condition but must have just missed this location. 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. 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		in one location and	had a 2-3-inch drop where the			responsible to conduct weekly		
looked for this kind of condition but must have just missed this location. 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. 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		-				rounds for 4 weeks, and then		
just missed this location. Clear, and any issues are immediately addressed by the Administrator with 1:1 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. 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						monthly thereafter for 6 month	s, to	
immediately addressed by the Administrator with 1:1 re-education, and objects observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present. 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							are	
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. 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		just missed this loca	ation.					
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. Environmental Services Director, Executive are immediately removed. Audits completed by the Administrator will be reviewed by the Life Safety Committee during						_		
observation and again at the exit conference with the Environmental Services Director, Executive Director and 3 Administrators in Training all present. obstructing the means of egress are immediately removed. Audits completed by the Administrator will be reviewed by the Life Safety Committee during								
the Environmental Services Director, Executive Director and 3 Administrators in Training all present. are immediately removed. Audits completed by the Administrator will be reviewed by the Life Safety Committee during								
Director and 3 Administrators in Training all present. Administrator will be reviewed by the Life Safety Committee during		_					SS	
present. Administrator will be reviewed by the Life Safety Committee during								
the Life Safety Committee during			ninistrators in Training all					
		present.					-	
		2 1 10/1					•	
Committee manaking on watil the		3.1-19(D)					-	
Committee meeting, or until the						_		
Life Safety Committee determines substantial compliance has been						_		
achieved.						· ·	CII	
acnieved.						i acilieveu.		
K 0324 NFPA 101	K 0324	NFPA 101						
SS=E Cooking Facilities								

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

Event ID:

Q8UV21 Facility ID: 000548

If continuation sheet Page 3 of 10

		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/16/2024	
	ROVIDER OR SUPPLIER		9875 C	ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR APOLIS, IN 46268		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	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	
Bldg. 01	Ventilation Contro Commercial Cook * residential cooking appliances such a toasters) are used cooking in accordance and 19.3.2.5.2 * cooking facilities smoke compartments comply who 18.3.2.5.3, 19.3.2. * cooking facilities with 30 or fewer productions under 10 Cooking facilities with 30 or fewer productions under 10 Cooking facilities with 30 or fewer productions under 11 Cooking facilities with 30 or fewer productions under 12 Cooking facilities with 30 or fewer productions under 13 Cooking facilities with 30 or fewer productions under 14 Cooking facilities with 30 or fewer productions under 15 Cooking facilities with 30 or fewer productions under 16 Cooking facilities with 30 or fewer productions under 16 Cooking facilities with 30 or fewer productions 19.3.2.5.5 in through 19.3.2.5.5 in through 19.3.2.5.5 in through 19.3.2.5.5 in through 19.3.2.5 in t	IFPA 96, Standard for I and Fire Protection of ing Operations, unless: ing equipment (i.e., small is microwaves, hot plates, for food warming or limited ance with 18.3.2.5.2, open to the corridor in ents with 30 or fewer ith the conditions under 5.3, or in smoke compartments attents comply with 8.3.2.5.4, 19.3.2.5.4. Protected according to 3 are not required to be dous areas, but shall not ridor.	K 0324	This deficiency was cited due missing drip trays from the kitorange hood system as well as cooktop/range in the therapy a not being turned off when not use. Koorsen and Facilities Management have been contato provide quotes on drip trays installation. Installation of drip trays is scheduled for 4/30/24. (Attachment C) A service agreement with Koorsen to maintain the kitchen range hor system is in place. Switches controlling the cooktop/range power are	chen a area in acted a and	

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

Event ID:

Q8UV21

Facility ID: 000548

If continuation sheet

Page 4 of 10

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPI	LETED
AND PLAN OF CORRECTION		155472	B. W	ING		04/16/2024	
		<u> </u>	1	CTDEET /	ADDRESS CITY STATE ZIR COR	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD HERRYLEAF DR		
HUUSIEI	R VILLAGE				HERRYLEAF DR IAPOLIS, IN 46268		
HOUSIEI	N VILLAGE			INDIAN	MAFULIO, IIN 40200		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY 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
	Findings include:				scheduled to be installed in		
					Therapy Department on 5/3/24	4.	
		on and interview during a			(Attachment D)		
	1	e Environmental Services			Administrator will be responsit	ble	
		three Administrators in			for conducting weekly rounds	for 4	
	_	4 between 1:05 p.m. and 2:50			weeks, and then monthly		
	l	the kitchen hood requires two			thereafter for 6 months, to obs		
		ach side. Each side was			the presence of drip trays, and		
	_	rip tray underneath the kitchen			ensure that ranges not in use	have	
	range hood system.				been powered off.		
					Audits completed by the		
	This finding was ac				Administrator will be reviewed	-	
		vices Director at the time of			the Life Safety Committee dur	_	
	_	ain at the exit conference with			the next two quarterly Life Saf	-	
		Services Director, Executive			Committee meeting, or until th		
		ninistrators in Training all			Life Safety Committee determ		
	present.				substantial compliance has be	een	
					achieved.		
		ation and interview, the facility					
		k tops in the therapy area were					
	_	en not in use. LSC 19.3.2.5.4					
		ke compartment, residential or					
		g equipment that is used to					
		0 or fewer persons shall be					
		that the cooking facility					
		f the following conditions:					
	I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ining the cooking equipment					
	is not a sleeping roo						
		ining the cooking equipment					
		rom the corridor by partitions					
	complying with 19.3.6.2 through 19.3.6.5.						
	(3) The requirements of 19.3.2.5.3(1) through (10)						
	and (13) are met.	A graitab magting all aftha					
	19.3.2.5.3(9) states A switch meeting all of the						
	following is provide						
		, or a switch located in a					
	•	is provided within the cooking					
	1	ates the cooktop or range.					
		sed to deactivate the cooktop					
	or range whenever	the kitchen is not under staff	1		I		1

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

PRINTED: 05/02/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155472		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 COMPLETED B. WING 04/16/2024				ETED	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE SUMMARY STATEMENT OF DEFICIENCIE		STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	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 APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	supervision. This deficient pract in the therapy area.	ice could affect five residents					
	Findings include:						
	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 braker box, and he believed staff were aware of how to deactivate the power to the appliance when not in use. 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						
	3.1-19(b)						
K 0351 SS=E Bldg. 01	by construction ty throughout by an a sprinkler system in	Installation nd hospitals where required					

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

Event ID:

Q8UV21 Facility ID: 000548

If continuation sheet

Page 6 of 10

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 04/16/2024 155472 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 9875 CHERRYLEAF DR HOOSIER VILLAGE INDIANAPOLIS, IN 46268 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 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. 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. 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) Based on observation and interview, the facility K 0351 05/02/2024 This deficiency was cited due to failed to ensure the spray pattern for sprinkler boxes being less than 18-inches heads were not obstructed in the Medical Supply from the ceiling in the storage Closet in accordance with 19.3.5.1. NFPA 13, 2010 room. Boxes within 18-inches of edition, Section 8.5.5.1 states sprinklers shall be the ceiling were immediately located so as to minimize obstructions to removed, and a new shelving unit discharge as defined in 8.5.5.2 and 8.5.5.3 or was added to the closet to store additional sprinklers shall be provided to ensure the boxes that were removed from adequate coverage of the hazard. Sections 8.5.5.2 near the ceiling. Signage was and 8.5.5.3 do not permit continuous or added to the storage room in an noncontinuous obstructions less than or equal to attempt to re-educate staff of the 18 inches below the sprinkler deflector or in a 18-inch clearance rule. horizontal plane more than 18 inches below the (Attachment E) sprinkler deflector that prevent the spray pattern Staff involved in stocking the from fully developing. This deficient practice supply room will be re-educated could affect up to 3 staff. that any object shall not be placed within 18-inches of the ceiling in Findings include: an attempt to not obstruct the sprinkler system. Based on observation and interview during a Administrator will be responsible facility tour with the Environmental Services to conduct weekly rounds for 4 Director (ESD) and three Administrators in weeks, and then monthly training on 04/16/24 between 1:05 p.m. and 2:50 thereafter for 6 months, to ensure p.m., the Medical Supply Closet had storage that any issues are immediately stacked within 18 inches of the ceiling. addressed by the Administrator with 1:1 re-education, and by

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

PRINTED: 05/02/2024 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	ľ	JILDING	onstruction 01	(X3) DATE : COMPL 04/16/	ETED	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE			STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	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)	TE	(X5) COMPLETION DATE	
	observation and aga the Environmental S	knowledged by the rices Director at the time of in at the exit conference with Services Director, Executive inistrators in Training all			removing objects obstructing within 18-inches of the ceiling immediately. Audits completed by the Administrator will be reviewed the Life Safety Committee dur the next two quarterly Life Saf Committee meeting, or until th Life Safety Committee determ substantial compliance has be achieved.	ing ety e ines		
K 0920 SS=E Bldg. 01	Extens Electrical Equipme Extension Cords Power strips in a pused for compone patient-care-relate (PCREE) assemb assembled by qua the conditions of 1 the patient care vi non-PCREE (e.g., except in long-terr do not use PCREI meet UL 1363A or for non-PCREE in (outside of vicinity non-patient care ro other UL standard used with general cords are not used wiring of a structur temporarily are re- completion of the installed and mee- 10.2.3.6 (NFPA 98)	ent - Power Cords and ent - Power Cords and ent - Power Cords and coatient care vicinity are only ints of movable defectrical equipment des that have been diffied personnel and meet 0.2.3.6. Power strips in cinity may not be used for personal electronics), in care resident rooms that E. Power strips for PCREE TUL 60601-1. Power strips the patient care rooms meet UL 1363. In coms, power strips meet s. All power strips are precautions. Extension d as a substitute for fixed re. Extension cords used moved immediately upon purpose for which it was tes the conditions of 10.2.4. D), 10.2.4 (NFPA 99), 400-8 D) (NFPA 70), TIA 12-5						

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

Event ID: Q8UV21 Facility ID: 000548

If continuation sheet Page 8 of 10

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 04/16/2024 155472 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 9875 CHERRYLEAF DR HOOSIER VILLAGE INDIANAPOLIS, IN 46268 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 1. Based on observation and interview, the facility K 0920 This deficiency was cited due to 05/02/2024 failed to ensure 1 of 1 power strips were not used an adapter plug being utilized in a as a substitute for fixed wiring to provide power resident's room, a power-strip equipment with a high current draw. being utilized in the DON office, NFPA-70/2011, 400.8 state unless specifically and an extension cord that was permitted in 400.7 flexible cords and cables shall plugged in at the nurse's station. not be used for (1) as a substitute for fixed wiring. Power-strip, multi-plug adapter, This deficient practice could affect up to 2 staff and extension cord were all and residents. immediately removed. Residents and families will be Findings include: informed by our Admissions Coordinator at the time of Based on observation and interview during a admission that power strips, facility tour with the Environmental Services multi-plug adapters, and extension Director and three Administrators in training on cords cannot be used in place of 04/16/24 between 1: 05 p.m. and 2:50 p.m., in the fixed wiring in the resident's DON office a power strip was being used to power rooms. a dorm style refrigerator (high power draw Administrator will be responsible equipment). to conduct weekly rounds for 4 weeks, and then monthly This finding was acknowledged by the thereafter for 6 months, to ensure Environmental Services Director at the time of that any issues are immediately observation and again at the exit conference with addressed by the Administrator the Environmental Services Director, Executive with 1:1 re-education to staff on Director and 3 Administrators in Training all the unit and the resident and/or present. their family member, and by removing the power strips, 2. Based on observation and interview, the facility multi-plug adapters, and extension failed to ensure 1 of 1 flexible cords were not used cords immediately. as a substitute for fixed wiring. NFPA-70/2011, Audits completed by the 400.8 state unless specifically permitted in 400.7 Administrator will be reviewed by flexible cords and cables shall not be used for (1) the Life Safety Committee during as a substitute for fixed wiring. This deficient the next two quarterly Life Safety practice could affect up to 3 staff in the nurse's Committee meeting, or until the station. Life Safety Committee determines substantial compliance has been Findings include: achieved. Based on observation and interview during a

facility tour with the Environmental Services

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

PRINTED: 05/02/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDEN		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472	(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING 01 COMPLI B. WING 04/16/			ETED		
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		P	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D.			
	04/16/24 between 1 Medicare nurses state cord was plugged in Resident Room #21 use near the television. This finding was act Environmental Servobservation and again the Environmental Servobservation							

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Q8UV21 Facility ID: 000548 If continuation sheet Page 10 of 10