STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00449779. This visit resulted in a Extended Survey-Substandard Quality of Care-Immediate Jeopardy. Complaint IN00449779-Federal/State deficiencies related to the allegation was cited at F600. Survey dates: December 26 and 27, 2024 Facility number: 000001 Provider number: 155001 AIM number: 100275310 Census bed type: SNF/NF: 142 Residential: 23 Total: 165 Census payor type: Medicare: 6 Medicaid: 97 Other: 39 Total: 142 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on December 31, 2024.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property,	F 600		

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 that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 1 and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect the resident's right to be free from sexual abuse by a staff member for 1 of 1 resident reviewed for abuse. (Resident B) Resident B was sexually assaulted by a contracted housekeeping staff member. The immediate jeopardy began on 12/21/24, when Housekeeper 2 was observed to be laying on top of Resident B. Housekeeper 2's pants were down, and his private parts were exposed. Resident B's gown was pulled up, her brief was open, and her private area was exposed. The Interim Executive Director (ED) and Interim Director of Nursing were notified of the immediate jeopardy on 12/26/24 at 2:42 p.m. The Immediate Jeopardy was removed, and the deficient practice corrected on 12/22/24, prior to the start of the survey and was therefore Past Noncompliance. Finding includes: An Indiana Department of Health intake form indicated, on 12/21/24, a staff member walked into a resident's room and witnessed a housekeeping employee on top of a resident in	F 600	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 2	F 600		

the dementia unit.

An untimed facility obtained statement, dated 12/21/24, from the Housekeeping Supervisor indicated, at 8:30 a.m., he was doing his rounds and went to the C-wing (the dementia unit) where Housekeeper 2 was working. He witnessed Housekeeper 2 on top of a female resident while she was laying in the bed. He yelled "what the f*** are you doing" Housekeeper 2 then jumped up with his "pants and draws" down and his "d*** out". Housekeeper 2 then "snatched his pants and his draws up." The Housekeeping Supervisor told Houskeeper 2 he was calling the police. The Housekeeping Supervisor then got the nurse for that unit, who checked the resident and noticed her gown was up and her brief was pulled down.

An untimed facility obtained statement, dated 12/21/24, from RN 3 indicated the Housekeeping Supervisor called for her and indicated he had found Housekeeper 2 in Resident B's room with his pants down and the resident's brief down.

An untimed facility obtained statement, dated 12/21/24, from LPN 4 indicated around breakfast time the Housekeeping Supervisor came to the nurse's station asking to speak to her and RN 3. He had Housekeeper 2 with him and indicated "I just caught him having sex with a resident." LPN 4 went to the resident's room and the resident was in bed with her brief down and her vaginal area was exposed.

The clinical record for Resident B was reviewed on 12/26/24 at 11:05 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, psychotic disorder with delusions, dementia with psychotic disturbance, and anxiety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 3	F 600		

A quarterly Minimum Data Set (MDS) assessment, dated 11/14/24, indicated the resident was severely impaired cognitively, she was rarely understood, and had no issues with her mood or behaviors. The resident had a functional limitation in her range of motion to both lower extremities.

A care plan, dated as last revised on 7/17/24, indicated the resident had a self-care performance deficit due to her dementia and she did not always understand how to assist or help with her care. Interventions included, but were not limited to, the resident required maximum assistance with bathing, dressing, personal hygiene and transferring. She required limited assistance with bed mobility and eating.

A care plan, dated as last revised on 7/18/24, indicated the resident's primary language was not English and when speaking with a translator, her speech was often unclear, she was rarely understood and could rarely understand others.

A care plan, dated as last revised on 7/18/24, indicated the resident was severely impaired cognitively. Interventions included, but were not limited to, to utilize family, communication board, google translate and LUNA as needed for assistance with translation.

A care plan, dated as last revised on 11/14/24, indicated the resident was alert to self and was able to converse in a non-English language with translators and family members.

A facility nursing progress note, dated 12/21/24 at 8:30 a.m., indicated staff found another staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 4	F 600		

member in the resident's bed. The staff member was immediately removed from the resident's room. A skin assessment was performed on the resident with no skin issues found and no signs and symptoms of pain were noted.

A facility nursing progress note, dated 12/21/24 at 10:34 a.m., indicated Resident B was transferred to the hospital for further evaluation.

A facility nursing progress note, dated 12/21/24 at 5:05 p.m., indicated the resident returned to the facility via ambulance with her son and daughter. The resident's son reported the resident did not recall the incident.

A facility social services progress note, dated 12/21/24 at 5:15 p.m., indicated Resident B returned to the facility with family present. Resident B had no recollection from the incident. Family was at bedside and provided interpretation and indicated all Resident B kept saying was "help me" followed by nonsensical conversation.

A hospital progress note, dated 12/21/24, indicated the resident arrived at the Emergency Room from the nursing home after an alleged sexual assault by a housekeeper. The note indicated the housekeeper was observed lying on top of Resident B with his pants down in the resident's room.

A hospital discharge note, dated 12/21/24, indicated the resident was seen for a reported sexual assault and a sexual assault examination was performed.

During an observation, on 12/26/24 at 1:30 p.m., Resident B was observed sitting in her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 5	F 600		

wheelchair, in the dining room at a table. Resident B showed no signs of distress. A staff member approached the resident and stated her name, the resident then responded to the staff member in a different language.

During an observation, on 12/26/24 at 1:32 p.m., Resident B's room was observed. The resident's bed was not visible from the entrance of the resident's room.

During an interview, on 12/26/24 at 10:20 a.m., the Housekeeping Supervisor indicated he was rounding to make sure everyone was doing their job. This was normally something he did. About 8:30-8:40 a.m., he went to the C wing to look for Housekeeper 2 and saw his housekeeping cart at the end of the hallway outside of Room 102. The room was dark, but the door was open. He walked in and saw Houskeeper 2 laying on top of the bed. He asked, "what the h*** are you doing?" Housekeeper 2 jumped up, his private parts were out, and pants/boxer were to his knees. He removed Housekeeper 2 and went for the nurse. The resident's gown was up, and her brief was open. The police were called, and the employee was kept secure away from other residents until the police arrived.

During an interview, on 12/26/24 at 1:45 p.m., LPN 4 indicated the Housekeeping Supervisor came to her with Housekeeper 2 and indicated he found Housekeeper 2 with his pants pulled down and laying on top of Resident B. They placed Housekeeper 2 in an empty room and had another staff member guard him while she went to assess Resident B. Resident B was observed lying in bed with her gown pulled up, her brief pulled down and her private area was exposed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 6	F 600		

The resident was just lying there, staring blankly at the ceiling. She did not appear in any distress.

During an interview, on 12/27/24 at 11:27 a.m., the Interim Executive Director indicated the staff on duty kept Housekeeper 2 secured and away from other residents, called the police, and called the weekend supervisor who was on duty and in the building. The weekend supervisor called the Director of Nursing (DON) and the DON called him. They immediately came to the facility and also called two social services staff members to come into the facility along with all unit managers. The management staff began interviewing residents, completing skin sweeps, sent the resident out to be evaluated, and met with the resident's family.

The employee file for Housekeeper 2 indicated he began his employment at the facility in August of 2024. He received a verbal warning, on 10/18/24, for excessive tardiness and another verbal warning, on 12/20/24, for unsatisfactory job performance due to not taking care of and cleaning his cart.

A current facility policy, titled "Abuse, Neglect and Exploitation," dated 1/2024 and received from the Executive Director on 12/26/24 on 10:50 a.m., indicated "...Each resident has the right to be free from abuse...The facility shall: a. Not use verbal, mental, sexual or physical abuse...."

The Past Noncompliance Immediate Jeopardy began on 12/21/24. The Immediate Jeopardy was removed and corrected by 12/22/24 after the facility implemented a systemic plan that included the following actions: the facility completed interviews with all cognitively intact residents, skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155001	A. BUILDING _____ B. WING _____	C 12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOVERWOOD	7001 HOOVER RD INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 600	Continued From page 7 sweeps on all non-interviewable residents, audits of all employee files to ensure background checks and abuse training had been completed, all staff were in-serviced on abuse, the resident was evaluated at the hospital and placed on 15-minute checks, and the employee was terminated and arrested. This citation relates to Complaint IN00449779. 3.1-27(a)(1)	F 600		