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 10/11/2024

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 Complaints IN00442366, IN00443399, IN00443457 and IN00443672. Complaint IN00442366-No deficiencies related to the allegations are cited. Complaint IN00443399-No deficiencies related to the allegations are cited. Complaint IN00443457-Federal/State deficiencies related to the allegations are cited at F842. Complaint IN00443672-Federal/State deficiencies related to the allegations are cited at F600. Unrelated deficiencies are cited at F602. Survey dates: October 10 and 11, 2024 Facility number: 000001 Provider number: 155001 AIM number: 100275310 Census bed type: SNF/NF: 145 Residential: 23 Total: 168 Census payor type: Medicare: 7 Medicaid: 97 Other: 41 Total: 145 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 10/11/2024

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	Continued From page 1 Quality review was completed on October 21, 2024.	F 000		
F 600 SS=D	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, 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 ensure a resident was free from physical abuse related to a staff member who grabbed a resident with dementia, who was residing on the memory care unit, by his ears and pulled him out of another resident's room for 1 of 4 residents reviewed for abuse. (Resident D) The deficient practice was corrected on 9/23/24, prior to the start of the survey, and was therefore past noncompliance. Finding includes: A document, titled "Indiana State Department of Health Survey Report System" report, indicated	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 10/11/2024

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		

on 9/19/24 at 7:30 p.m., CNA 1 was observed by CNA 2 "pulling' on Resident D's ears. CNA 2 intervened to protect the resident. The type of injury was the top of the resident's ears had redness. CNA 1's employment from the facility was terminated.

The clinical record for Resident D was reviewed on 10/11/24 at 12:45 p.m. The diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease, anemia, and peripheral vascular disease.

A nursing progress note, dated 9/19/24 at 10:05 p.m., indicated the resident's left ear was slightly red.

A nursing progress note, dated 9/20/24 at 8:19 a.m., indicated the resident had redness to his ear. He denied any pain or discomfort.

A nursing progress note, dated 9/20/24 at 8:50 a.m., indicated the Nurse Practitioner (NP) was notified the resident had redness observed to the ear last night.

A facility document, untitled and undated, indicated CNA 2 reported to the DON, she witnessed a resident being abused. Resident D had gone into another resident's room to use the restroom. CNA 1 went into that resident's room and grabbed Resident D by his ear and pulled it causing him to become "very angry" and he started cursing and yelling. CNA 2 immediately told LPN 4, who went to check on the resident. LPN 4 observed redness to Resident D's left ear.

A handwritten document written by LPN 4, dated 9/19/24 at 8:00 p.m., indicated she heard

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 10/11/2024

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		

Resident D yelling and screaming profanity as if he was angry. He did sometimes have these behaviors as normal behaviors for him. She did not go assess him at that time. She asked the staff what was wrong with him. She received an alleged abuse report from CNA 2 related to CNA 1 pulling on the resident's ear to get him out of a female resident's room. She assessed the resident and observed his left ear to be redder than the right ear.

A document, titled "Take Off Payroll," indicated CNA 1 was terminated on 9/23/24. Her last day worked was 9/19/24. She was not eligible for rehire. She was terminated "related to allegations of abuse." The performance section indicated CNA 1 was witnessed by another aide (CNA 2), pulling the ears of Resident D. CNA 1 indicated she was attempting to shave the resident and was pulling his ear back to shave that area. Both ears were noted by the nurse to be red.

During an interview, on 10/11/24 at 1:42 p.m., CNA 1 indicated she did not remember the date of the incident, but it was around 7:00 p.m., and she was putting her residents to bed. She was paying close attention to where Resident D was going because he had already been incontinent of his bowels in another resident's bed twice. She observed him going into a female resident's room and she went to get him out of the room. She took him by the hand and led him out of the room. She had shaved him earlier in the day, so that was why his ears were red because she held his ears back to shave him. CNA 2 reported her for abusing Resident D.

During an interview, on 10/11/24 at 2:27 p.m., CNA 2 indicated she had just finished placing a

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 10/11/2024

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		

resident to bed and she was able to see Resident D's room. She observed Resident D standing by the bathroom sink with CNA 1 beside him. She observed CNA 1 twisting his ear saying to him, that she had told him not to go into other residents' rooms to "pee". CNA 2 immediately went to LPN 4 and informed her of what she observed between CNA 1 and Resident D. She indicated LPN 4 indicated she heard Resident D yelling and cursing, but she did not know why.

A facility document, titled "Relias Abuse and Neglect: Abuse," dated 2022 and provided by the DON on 10/10/24 at 4:40 p.m., indicated "...The goal of this course is to explain how direct care workers can notice and respond to signs of abuse in the home setting. Type of Abuse: Abuse is when someone harms or hurts another person. Abuse can happen by accident. It can also be done on purpose to gain something or control someone. There are many types of abuse. Here are the most common types: Physical which can be: slapping, punching, restraining someone...Reporting Signs of Abuse: Everyone has the right to be safe from abuse. Sadly, anyone can be abused by people they know and by strangers."

A current policy, titled "Abuse, Neglect and Exploitation," dated as revised 1/2024 and provided by the DON on 10/10/24 at 3:20 p.m., indicated "...Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation...Policy Explanation and Compliance Guidelines: 1. The Administrator is the Abuse Coordinator. 2. The facility shall: a. Not use verbal, mental, sexual or physical abuse, corporal punishment or involuntary seclusion...."

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 10/11/2024

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 The deficient practice was corrected by 9/23/24, after the facility implemented a systemic plan that included CNA 1 was terminated for allegations of abuse and all staff was educated on Abuse and Neglect by 9/23/24. This citation relates to Complaint IN00443672. 3.1-27(a)(1)	F 600		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents' personal property and credit card was kept safe and secure during their admission for 2 of 3 residents reviewed for misappropriation of property. (Residents E and F) The deficient practice was corrected on 8/23/24, prior to the start of the survey, and was therefore past noncompliance. Findings include: 1. A document, titled "Indiana State Department of Health Survey Report System," indicated Resident E's daughter was visiting the resident yesterday (8/20/24). She went to get his airpods and realized they were missing from his room.	F 602	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 10/11/2024

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 602	Continued From page 6	F 602		

She did not report them missing until 8/21/24. The police were notified, and an investigation was started. The daughter was able to "ping" the airpods to an address. The facility looked through all their employee records to identify which employees lived at that address. They identified the address matched CNA 5. CNA 5 denied having the airpods or having any information about the whereabouts of the airpods. Due to the airpods "pinging" to her exact address and the airpods had not been physically found, CNA 5 was terminated.

A facility document, untitled and undated, indicated on 8/22/24, the Administrator and Unit Manager spoke to CNA 5 regarding the missing airpods. She indicated she did not know anything about any missing items. She confirmed her address. She was informed the missing airpods "pinged" at her address. She indicated there was another employee that lived in that complex also and gave the employee's name. The other employee was called. Resident E's daughter was called, and she confirmed again where the airpods "pinged" was at CNA 5's address, but they had not "pinged" since late yesterday (8/22/24). The investigation was concluded. Since the airpods "pinged" at CNA 5's exact address, she was terminated.

A facility document, titled "Take Off Payroll," dated 8/23/24, indicated CNA 5 was terminated on 8/23/24. Her last day worked was 8/20/24. She was not eligible for rehire. The remarks section indicated she was terminated for the theft of a resident's airpods which were pinged to her exact address.

2. A document, titled "Indiana State Department

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 10/11/2024

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 602	Continued From page 7	F 602		

of Health Survey Report System," indicated an incident occurred on 9/10/24 at 12:01 p.m. Resident F's son called the facility, on 9/10/24, and informed he had received the resident's credit card statement, and he noticed a charge, on 8/8/24, to a restaurant. Resident F was unable to go out to a restaurant by herself. He had called the restaurant and someone at the restaurant indicated the purchase was an in-person purchase. The police were notified and an investigation was started. On 9/10/24, the resident was encouraged to lockup any money and/or credit cards she may have in her possession.

A typed facility social service note, untitled and undated, indicated Resident F refused to take a key from the Maintenance Director to lock her valuables up in her nightstand. She agreed to hiding the wallet in a special spot in her room, which she would be able to get to. Her son was notified she refused to lockup her valuables.

A typed document, titled "Interview with resident [Resident F] & family member [Name of Son]," indicated on 9/10/24 at 10:30 a.m., Resident E reported to the Social Service Director her son called her earlier that morning as he found an unauthorized charge on her credit card. Someone had charged $14 and a few cents on 8/8/24, around 5:20 p.m., at a restaurant. The Social Service Director checked the resident's purse and verified her credit card was in her wallet. Resident F indicated "I believe someone removed it from my wallet, used it and then put it back in my wallet without me realizing it." The resident was unable to give any further information. The son indicated he had called the bank customer service and was informed the credit card

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 10/11/2024

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 602	Continued From page 8	F 602		

transaction was in person at a restaurant about 10 minutes away from the facility. He canceled the card and applied for a new one.

A facility document, titled "Misappropriation/Financial Abuse Education," undated and provided by the DON on 10/10/24 at 4:40 p.m., indicated "...Financial abuse/misappropriation involves taking something that belongs to someone else, including taking or borrowing money without a person's consent. One common example is using a resident's money for something other than their expenses. Other examples include: Stealing or "borrowing" money or property, Stealing someone's identity, Forcing someone to change legal documents, convincing someone to give you access to their financial accounts. You should never ask a resident to lend you money or personal items. Financial abuse must be reported and includes: Stealing from a resident, Using their money without permission, Using their property without permission, Forcing them to give money or personal items to someone...."

A current facility policy, titled "Abuse, Neglect and Exploitation," dated as revised 1/2024 and provided by the DON on 10/10/24 at 3:20 p.m., indicated "...Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation..."

The deficient practice was corrected by 9/10/24, after the facility implemented a systemic plan that included CNA 1 was terminated for theft of a resident's airpods on 8/23/24 and all staff were educated on Misappropriation of Property.

3.1-28(a)

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 10/11/2024

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 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted	F 842		

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 10/11/2024

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 842	Continued From page 10 by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident's medication list was kept private during her admission for 1 of 5 residents reviewed for resident-identifiable information. (Resident C) The deficient practice was corrected on 9/30/24, prior to the start of the survey, and was therefore past noncompliance. Finding includes: A document, titled "Intake Information," dated	F 842	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 10/11/2024

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 842	Continued From page 11	F 842		

9/17/24, indicated Resident C's medication information sent to the hospital was incorrect. The hospital used the medication list for Resident C, and it caused a major delay of the correct medications being given. The error was caught and reported to the facility.

During an interview, on 10/10/24 at 3:30 p.m., the Director of Nursing (DON) indicated LPN 8 and LPN 9 were getting Resident C ready to be transferred to an appointment. They were both printing off the paperwork to send with the resident. LPN 8 printed off Resident C's face sheet and placed it in the envelope. LPN 9 printed off the medication list for Resident N and handed it to LPN 8, who placed it in the envelope without looking at the name on the medication sheets. The envelope was sent to the hospital with the resident. Somehow the niece had received the information, and she never gave it to the nurses in the emergency room. She opened the envelope at 2:00 a.m. and discovered the face sheet had Resident C's name on it, but the medication sheet had Resident N's name on it. She took the envelope to the nurse's station at the hospital and a nurse called the facility. The facility faxed over the correct medication list for Resident C.

A typed facility document, titled "HIPPA," undated and provided by the DON on 10/10/24 at 4:01 p.m., indicated "...HIPPA is a federal law that protects individually identifiable health information that is transmitted electronically, in writing, or by spoken word. This is called protected health information or PHI. This includes any information related to someone's past present or future physical or mental condition, health treatment services received, and payment for those

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 10/11/2024

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 842	Continued From page 12	F 842		

services. Under HIPAA, no consent is needed to share PHI with the team that is directly involved in the case of the patient. Usually, it is okay to share PHI with the person it involves. PHI can also be shared for payment purposes related to the care of an individual and for purposes of healthcare operations. Outside of the above circumstances, you must get authorization to share a resident's PHI. When in doubt, get consent...A breach occurs when a person's information is shared without their permission. It doesn't matter if it is intentional or not, if you inappropriately disclose PHI, you will be in violation of HIPAA! Some tips to keep personal information safe...ALWAYS double check that you are sending or giving the correct information to the correct recipient!"

A typed facility document, untitled, dated 9/17/24 and provided by the Executive Director (ED) on 10/11/24 at 12:45 p.m., indicated HIPPA (Health Insurance Portability and Accountability Act) education by the DON regarding sending appropriate and correct paperwork with residents when they go on appointments or sent to the hospital. By signing the form LPN'S 8 and 9 agreed to have a second nurse verify proper paperwork being sent before placing the paperwork in the envelope. Both LPNs agreed to complete the HIPPA training which had been assigned to them both.

A current facility policy, titled "HIPPA," dated as revised on 6/2020 and provided by the DON on 10/11/24 at 3:28 p.m., indicated "...to assure that individuals' health information is properly protected in accordance with the Health Insurance Portability and Accountability Act while allowing the flow of health information needed to provide and promote high quality health care and

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 10/11/2024

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 842	Continued From page 13 to protect the public's health and well-being. All individually identifiable health information whether electronic, paper, oral or media is considered protected...Licensed personnel must check the medical record for before releasing information to anyone to ensure the person has been authorized to receive medical information about the client...Any medical information sent with a client to an appointment must be sent in a sealed envelope...." The deficient practice was corrected by 9/30/24, after the facility implemented a systemic plan that included educating all staff including LPN 8 and 9 on HIPPA and all responsible parties and residents were notified via a letter explaining there had been a breach in HIPPA at the facility and the actions they had taken to correct the incident. This citation relates to Complaint IN00443457. 3.1-50(d)	F 842		