

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

PRINTED: 09/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155001		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/11/2017	
NAME OF PROVIDER OR SUPPLIER HOOVERWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 0000 Bldg. 02	<p>A Life Safety Code and Preoccupancy Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a) for the following areas:</p> <p>1st floor: General remodeling of corridors and a vestibule. Three offices and restrooms directly west of the main corridor were renovated to become a men's room, a women's room, two toilets, and an office. A conference room was renovated to become a janitor's closet, an electrical room, and a business office. Two offices and a space directly north of the business office were renovated to become a file storage room, two hall sections, a reception area, an office, and a workroom. A single-story building addition that expands the main entrance, lobby, and administrative areas, and creates a lounge and three offices was added.</p> <p>2nd floor: General renovation of the corridor. The spaces along the west section of the second floor corridor were renovated to become an office, a physical therapy room, a storage room and a toilet. The northeast stairwell was renovated to become an office. The spaces along the</p>		K 0000				

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.

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	<p>east section of the second floor corridor were renovated to become four offices, a janitor's closet, and a staff toilet.</p> <p>Survey Date: 08/11/17</p> <p>Facility Number: 000001 Provider Number: 155001 AIM Number: 100275310</p> <p>At this Life Safety Code and Preoccupancy survey, Hooverwood was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 188 and had a census of 115 at the time of this survey.</p> <p>All areas where residents have customary</p>						

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K 0372 SS=E Bldg. 02	<p>access were sprinklered and all areas providing facility services were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 08/14/17</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 NEW Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems. 18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3 Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure openings through 2 of 13 smoke barrier walls were protected to maintain the fire resistance rating of the smoke barrier. LSC 18.3.7.3 refers to Section 8.5. Section 8.5.6.2 states penetrations for cables, conduits, pipes and similar items that pass through a wall constructed as a smoke barrier shall be protected by a system or material capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be</p>			K 0372	<p>RE: K372</p> <p>1. All of the penetrations through the first floor smoke barrier, near the library, were sealed with a smoke resistant rated material sealing the smoke barrier. All of the penetrations through the second floor smoke barrier near room 2155 (Medical Directors office) were sealed with a smoke resistant rated material. Due to the nature of this deficiency, there were no residents found to have been affected by this deficient practice. See attached pictures of penetration repairs and Product</p>		08/18/2017

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	<p>protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and Section 8.5.6. This deficient practice could affect at least 15 residents, staff and visitors on the first and second floor.</p> <p>Findings include:</p> <p>Based on observations with the Administrator, Maintenance Director and the Project Engineer for Hagerman Construction during a tour of the facility at 12:00 p.m. and 12:05 p.m., on 08/11/17, the following was noted:</p> <p>a) The first floor smoke barrier near the library had at least 3 penetrations through the barrier above the suspended ceiling tile ranging from one to two inches which were not filled with a material maintaining the smoke resistance rating of the smoke barrier wall.</p> <p>b) The second floor smoke barrier near room 2155 (Medical Director's office) had at least 4 penetrations through the barrier above the suspended ceiling tile ranging from one square foot to two inches which were not filled with a material maintaining the smoke resistance rating of the smoke barrier wall.</p> <p>Based on interview at the time of the observations, the Administrator,</p>				<p>Data Sheet for Series LCI Intumescent Sealant.</p> <p>2. Due to the immediate repair of these deficient areas, there were no other residents found to have the potential of being affected by this same deficient practice.</p> <p>3. During Hooverwood's continued renovation / construction project, Hooverwood's Maintenance Director and the Superintendent for Hagerman Construction will be responsible for assuring compliance for these deficient practices in all areas of the building. During bi-weekly construction meetings, this deficient practice will continue to be discussed and monitored to remain complaint for all areas of the building.</p> <p>4. Any future deficient practices identified during bi-weekly construction meetings, rounds, etc., will be addressed immediately with repairs or replacements. Any trends of deficient practice will be immediately reported to Hagerman Construction and to Hooverwood's Quality Improvement / QAPI Committee on a monthly basis. This monitoring will continue ongoing as a continuous quality improvement measure unless determined otherwise by the QI / QAPI Committee.</p>		

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	Maintenance Director and the Project Engineer for Hagerman Construction acknowledged the aforementioned openings failed to maintain the smoke resistance of the smoke barrier wall. 3.1-19(b)				5. Date of Completion: August 18, 2017.		