

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

PRINTED: 05/30/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 05/03/2023
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NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 2494 N LEBANON ST LEBANON, IN 46052
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/03/23</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p> <p>At this Emergency Preparedness survey, Homewood Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 68 certified beds. At the time of the PSR survey, the census was 51.</p> <p>Quality Review completed on 05/08/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/03/23</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Holly Snyder	TITLE ED	(X6) DATE 05/22/2023
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0131 SS=E Bldg. 01	<p>At this Life Safety Code survey, Homewood Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The building was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The one-story facility was determined to be of Type V (111) construction was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, all areas open to the corridor and has hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 68 and had a census of 51 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/08/23</p> <p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. 			

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	<p>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 Based on observation and interview, the facility failed to ensure 1 of over 4 separation fire doors would limit the spread of fire and restrict the movement of smoke. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.3.4.1 states every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. This deficient practice could affect 25 residents.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Director of Plant Operations, Facilities Support Representative and Executive Director on 05/03/23 between 11:45 a.m. and 1:10 p.m., the door leading from the dining area into the kitchen which is part of the Fire Wall assembly separating the AL and Skilled nursing sections of the facility failed to self-close and latch. The jamb side of the door had blue tape preventing it from latching. The tape was removed during the visit yet the door continued to fail to latch. The Facilities Support Representative stated that the entire door assembly is being replaced. This finding was acknowledged by the Director of Plant Operations and Facilities Support</p>	K 0131	<p>K131- Multiple Occupancies CFR(S) NFPA 101.</p> <p>Compliance date 03-24-23</p> <p>Immediate Intervention The DPO (Director of Plant Operations) replaced bad hinges on doors. Leveling the door so that it closes and latches properly.</p> <p>Director of Plant Operations or designee will monitor doors in facility for proper closure 5xs/week during rounds. Director of Plant Operations will bring monitoring to QAPI monthly x's 3 months. The Director of Plant Operations was educated by the Executive Director on corridor-doors.</p>	05/23/2023

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K 0211 SS=E Bldg. 01	<p>Representative at the time of discovery and again at the exit conference with the Facilities Support Representative and Executive Director present.</p> <p>This deficiency was cited on 03/21/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 6 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 25 residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Director of Plant Operations, Facilities Support Representative and Executive Director on 05/03/23 between 11:45 a.m. and 1:10 p.m., the exits from (1) the service hall to the parking lot and (2) the 300 Hall exit to the parking lot were obstructed with a large shipping container and a large collection of water (result of a failed drain) and construction debris. The facility</p>	K 0211	<p>K211- Egress Door's CFR(s) NFPA 101</p> <p>Compliance date 03-24-23</p> <p>Immediate Intervention:</p> <p>The DPO (Director Of Plant Operations) Removed all obstructions out of hall and will continue to monitor daily.</p> <p>The DPO (Director of Plant Operations) instructed the construction company to move the dumpsters and shipping containers from 300 hall exit to the parking lot.</p>	05/23/2023

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	<p>is adding an addition to their Assisted Living and the Director of Plant Operations and Facilities Support Representative stated that the obstructions are the result of staging for the construction. Each of the two paths of egress was marked as a facility exit with exit signage.</p> <p>Based on interview at the time of the observations, the Director of Plant Operations and Facilities Support Representative agreed the aforementioned means of egress were not continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>This finding was acknowledged by the Director of Plant Operations and Facilities Support Representative at the time of discovery and again at the exit conference with the Facilities Support Representative and Executive Director present.</p> <p>This deficiency was cited on 03/21/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>The Director of Plant Operations was educated by the Executive Director on K211- Means of Egress The Director of Plant Operations will audit all hallway corridors for obstructions impeding the path of egress 1 x per week x's 6 weeks.</p> <p>Results of this audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. This deficient practice had the potential to affect all occupants.</p>	