

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

PRINTED: 07/03/2024

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 06/03/2024
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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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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 06/03/24 Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250 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 The facility has 68 certified beds. At the time of the survey, the census was 50. Quality Review conducted on 06/05/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 06/03/24 Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250 At this Life Safety Code survey, Homewood	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amisha Shah	Executive Director	06/28/2024

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 0511 SS=D Bldg. 01	<p>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>This one story facility was determined to be of Type V (111) construction and 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 50 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 conducted on 06/05/24</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 receptacles within 6 feet from a sink were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National</p>	K 0511	The submission of this plan of correction does not indicate an admission by Homewood Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and	06/04/2024

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	<p>Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms, (2) Kitchens, (3) Rooftops, (4) Outdoors,</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>(6) Indoor wet locations, (7) Locker rooms with associated showering facilities, (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff in the employee breakroom.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations, Senior Director of Plant Operations and Facilities Management Support on 06/03/24 at 1:45 p.m., in the employee breakroom, there was one electric receptacle within two feet of a sink in the bathroom. The electric receptacle was not GFCI protected, this was confirmed when the receptacle was tested. Based on interview at the time of observation, the Director of Plant Operations confirmed the electric receptacle was</p>		<p>living environment provided to the residents of Homewood Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance</p> <p>Compliance date: 6/3/2024</p> <p>Immediate action taken: The Director of plant operations (DPO), in collaboration with the Facilities Management Support has ensured that all receptacles requiring GFCI protection have been identified and fixed with appropriate GFCI protection devices.</p> <p>How the facility identified other residents: All residents have the potential to be affected.</p> <p>Measures put in place: The DPO or designee will perform routine checks of the receptacles to ensure the GFCI protection remains functional and effective 5 times a week during rounds.</p>	

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K 0000 Bldg. 03	<p>not GFCI protected when tested.</p> <p>This finding was reviewed with the Director of Plant Operations, Senior Director of Plant Operations and Facilities Management Support during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 06/03/24</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p> <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 18 Existing Health Care Occupancies.</p> <p>Building 03, the New one story addition to the 300 Wing constructed in 2023, including eleven resident rooms 313 through 323, a day room,</p>	K 0000	<p>Ongoing monitoring: The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained or 100% compliance is met.</p>	

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	<p>med-prep room and an office was determined to be of Type V (111) construction and was fully sprinklered.</p> <p>All areas where residents have customary access were sprinklered all areas providing facility services were sprinklered.</p> <p>Quality Review conducted on 06/05/24</p>				