

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

PRINTED: 11/08/2023

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 10/23/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 2494 N LEBANON ST LEBANON, IN 46052
--	--

(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
--------------------	--	---------------	---	----------------------

E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/23/23</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 survey, the census was 56.</p> <p>Quality Review completed on 10/23/23</p>	E 0000		
K 0000  Bldg. 03	<p>A Life Safety Code and Pre-Occupancy Survey to the addition of: a new one-story addition to the 300 wing that includes eleven resident rooms to be numbered #313 through #323, a day room, a med-prep room, and an office was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/23/23</p> <p>Facility Number: 002703 Provider Number: 155680</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Holly Snyder	ED	11/04/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN 46052
--	---

(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 0293 SS=E Bldg. 03	<p>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, New Health Care Occupancies.</p> <p>The original 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 56 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 10/23/23</p> <p>NFPA 101 Exit Signage Exit Signage 2012 NEW Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1 Based on record review and interview; the facility failed to install exit signage in 1 of 1 new addition corridor in the facility in accordance with LSC 7.10. LSC 7.10.1.2.1 exits, other than main exterior exit doors that obviously and clearly are</p>	K 0293	Homewood Health campus POC due 11-04-2023 Date of Compliance 10-30-2023. or execution of this plan of correction does not constitute admission or	10/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155680	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____		X3) DATE SURVEY COMPLETED  10/23/2023
NAME OF PROVIDER OR SUPPLIER  HOMEWOOD HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 2494 N LEBANON ST LEBANON, IN 46052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>identifiable as exits, shall be marked by an approved sign that is readily visible from any direction of exit access. LSC 7.10.1.2.2 states horizontal components of the egress path within an exit enclosure shall be marked by approved exit or directional exit signs where the continuation of the egress path is not obvious. This deficient practice could affect as many as 15 residents, 3 staff and 1 visitor in the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations and the facility Administrator on 10/23/23 at 10:10 a.m., the exit signage on the newly constructed 300 Hall had the chevron pointing towards the courtyard exit in the day room. Upon further inspection, it was noted that there was no exit sign above to door leading outside into the courtyard. Based on interview at the time of observation, the Administrator and the Director of Plant Operations acknowledged the aforementioned condition and confirmed that the path of egress was not obvious nor clearly marked.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p>		<p>agreement of provider of the truth of the facts alleged or conclusions set forth On the statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State Law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during survey visit with exit on October 23, 2023.</p> <p>Compliance Date 10-30-2023 K 293 Exit Signage CFR(s): NFPA 101 Immediate Intervention The DPO (Director of Plant Operations) called a contractor out to add a new exit sign above the courtyard door. K293 Exit signage CFR(S) NFPA 101 The DPO (Director of Plant Operation Director of Plant Operations or designee will audit exit signage in facility for 4xs/week during rounds. Director of Plant Operations will bring audit to QAPI monthly x's 3 months. The Director of Plant Operations was educated by the Executive Director on Exit Signage)</p>		