

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2012
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NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 S STATE ST FRANKLIN, IN 46131
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/25/12</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Homeview Center of Franklin was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111)</p>	K0000	<p>This plan of correction is submitted in compliance and conformance with State and Federal requirements. This plan of correction is not an admission to nor does it signify agreement with the survey allegations, rather it is submitted because it is required. This survey report does not present an accurate depiction of the manner in which nursing care and services are provided to this facility's residents.</p>	

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>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has the capacity for 115 and had a census of 110 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 114 smoke detectors was not installed where air flow would adversely affect its operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 14 residents who reside in rooms 200, 201, 202, 203, 204, 205 and 206, which are located adjacent to the laundry room.</p> <p>Findings include:</p> <p>Based on an observation with the administrator and maintenance supervisor on 04/25/12 at 12:40 p.m., the smoke detector in front of the dryers in the laundry room was located one and one half foot from a supply air duct. This was verified by the administrator and maintenance supervisor at the time of</p>	K0052	<p>1. All residents, staff, and guest have the potential to be affected by the alleged deficient practice. 2. The maintenance supervisor has arranged for the fire protection company (Safecare) to come and take care of the smoke detector in the laundry room. The detector will be moved more than 3 feet away from the air vents. This move will take place by 5/10/2012. 3. The maintenance supervisor is required to make monthly inspections of all smoke detectors throughout the facility to ensure they are working properly. An audit tool will be implemented to ensure findings are being monitored. 4. The administrator/designee will follow-up quarterly to ensure inspections are being completed. The results of the audits will be presented to the QA committee for review and action plans as needed, quarterly x's 3, and annually thereafter.</p>	05/10/2012			

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	<p>observations and confirmed by the administrator at the exit conference on 04/25/12 at 12:56 p.m.</p> <p>3.19(b)</p>				

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	south of the original building, is a one story addition and was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has the capacity for 115 and had a census of 110 at the time of this survey.			