STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/23/2013
NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN 46052	

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K010000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/23/13 Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Homewood Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original portion of Healthcare consisting of everything but the four resident rooms (309, 310, 311 and 312) on 300 hall was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	resident sleeping rooms. The facility has a capacity of 55 and had a census of 51 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/28/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could affect 18 residents on 100 hall as well as visitors and staff in the area. Findings include: Based on observation on 10/23/13 at 1:46 p.m. with the Maintenance Supervisor, the oxygen storage room on 100 hall used to store and transfer oxygen was provided with electrically powered mechanical ventilation, but it was not working. Based on interview on 10/23/13 at 1:50 p.m., it was acknowledged by the the	K010143	Motor was replaced in the mechanical ventilation system according State guidelines. There will be monthly audits perfomed by Director of Plant Operation for a duration of six months to ensure proper functioning on the ventilation system. System replacement was completed on November, 7 2013	11/07/2013

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	Maintenance Supervisor this room was used to transfer oxygen and though it had an electrically powered mechanical vent, it was not working at the time of inspection. 3.1-19(b)			

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K010147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapters was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, multiplug adapters, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 18 residents on 100 hall as well as staff and visitors. Findings include: Based on observation on 10/23/13 at 1:33 p.m. with the Maintenance Supervisor, there was one, three prong multiplug adapter connected to a wall outlet which was used to power a clock and charge a toothbrush. Based on interview on 10/23/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged it is the policy of the facility to not to use multiplug adapters, however, the aforementioned room did use a three prong multiplug as a substitute for fixed wiring. 3.1-19(b)	K010147	In-servicing staff on the State guidelines on the non use of multi outlets, unless they are GFI protected plugs. We have then replaced the non-compliance outlet on October 23, 2013. Random audits will be conducted to ensure compliance for duration of six months. All audits will be performed by the Director of Plant Operations.	11/15/2013

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K020000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/23/13 Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Homewood Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 300 hall consisting of four resident rooms; 309, 310, 311 and 312 was surveyed with Chapter 18, New Health Care Occupancies. This one story facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in resident sleeping rooms. The facility has	K020000		

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	a capacity of 55 and had a census of 51 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K020070 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 18.7.8 Based on observation, interview and record review; the facility failed to regulate the use of 1 of 1 portable space heaters in nonresident rooms. This deficient practice could affect 10 residents on 300 hall as well as visitors and staff. Findings include: Based on observation on 10/23/13 at 2:05 p.m. with the Maintenance Supervisor, a portable space heater which was plugged in for use was located in the Assessment coordinator's office on 300 hall. Based on interview on 10/23/13 concurrent with the observation, it was acknowledged by the Maintenance Supervisor, space heaters were not allowed unless the portable space heater policy was adhered to. Based on review of the portable space heater policy on 10/23/13 at 2:30 p.m. with the Maintenance Supervisor, it stated the facility allowed the use of portable space heaters in nonresident rooms as long as the heating elements did not exceed 212 degrees F. The facility, however was unable to provide a	K020070	We have implemented a policy in the disaster manual on November 5, 2013. Staff members holding offices will sign the in-service sheet that all portable heaters are to be inspected. All heaters will be marked upon inspection. The date of completion for all inspections will be November 15, 2013, with on going inspections for any new portable heaters thereafter.	11/15/2013

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	specifications sheet for the space heater found in the Assessment coordinator's office to validate its use. 3.1-19(b)			