

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  12/29/2015
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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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K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 12/29/15</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 483.70(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 building was surveyed with Chapter 19 Existing 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</p>	K 0000	<p>The facility requests the plan of correction be granted a "desk review" by the Department due to the scope and severity levels of the alleged deficiencies. 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 and true representations of the quality of care and services provided to the residents of Homewood Health Campus. This facility recognized 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 the requirements of participation for residential health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.</p>	
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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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K 0050 SS=F Bldg. 01	<p>and had a census of 59 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 01/05/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>1. Based on record review and interview, the facility failed to document fire drills conducted on the second shift for 1 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" with the Plant Operations Director during record review from 9:10 a.m. to</p>	K 0050	<p>Corrective Action: Director of Plant Operations has scheduled all fire drill for 2016. DPO will ensure all documentation showing activation of the fire alarm system and transmission of the fire alarm signal are obtained. Identifying Others: The facility maintains that all residents and staff have the potential to be affected. Measures in Place: Executive Director will audit each fire drill to ensure all documentation showing activation of the fire alarm system and</p>	01/28/2016

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	<p>11:50 a.m. on 12/29/15, documentation of a fire drill conducted on the second shift in the third quarter (July, August, September) of 2015 was not available for review. Based on interview at the time of record review, the Plant Operations Director acknowledged documentation of a fire drill conducted on the second shift in the aforementioned quarter was not available for review.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to document activation of the fire alarm system for second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 3 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills:</p>		<p>transmission of the fire alarm signal are obtained and placed in binder. Monitoring: Fire Drill audits will be monitored at the monthly Quality Assurance meeting for the next 6 months to ensure system in place is working.</p>				

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K 0052 SS=F Bldg. 01	<p>Fire" with the Plant Operations Director during record review from 9:10 a.m. to 11:50 a.m. on 12/29/15, documentation for the second shift fire drill conducted in the fourth quarter of 2014 on 12/22/14 at 8:09 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. In addition, documentation for the second shift fire drill conducted in the second quarter of 2015 on 06/01/15 at 6:30 p.m. and documentation for the first shift fire drill conducted on 12/26/15 at 9:45 a.m. each did not include activation of the fire alarm system and transmission of the fire alarm signal. Based on interview at the time of record review, the Plant Operations Director acknowledged documentation for the aforementioned fire drills conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in</p>			

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	<p>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 record review and interview, the facility failed to ensure documentation of annual functional testing for all facility smoke detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors are tested annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of SafeCare's "Inspection and Testing Form" documentation dated 11/30/15 with the Plant Operations Director during record review from 9:10 a.m. to 11:50 a.m. on 12/29/15, it could not be assured all facility duct detectors were documented as being functional tested annually. The aforementioned documentation stated there are a total of five duct detectors installed in the facility none of which was functionally tested on 11/30/15. Review of Vanguard Alarm Services "Inspection and Testing Certificate" dated 08/13/15 indicated a total of three duct detectors are located in the facility and were</p>	K 0052	<p>Corrective Action: SafeCare inspected and tested all duct detectors on 12/30/2015, and visually laid eyes on all 5 duct detectors. All 5 dect detectors are working properly. The location of the 5 detectors are: above dinning room, above nurse station, above laundry, above kitchen, and above business office. Identifying Others: The facility maintains that all residents and staff have the potential to be affected. Measures in Place: The 5 duct detectors have been identified and tested, and are working properly. DPO will ensure that all 5 duct detectors are listed upon each ongoing inspection. Monitoring: Executive Director will audit each inspection and ensure that all 5 duct detectors are monitored/tested and working correctly upon each inspection. Audits will be reviewed by QAA for the next year.</p>	01/28/2016

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K 0000  Bldg. 02	<p>functionally tested. Review of Vanguard Alarm Services "Periodic Fire Alarm Inspection and Testing Report" dated 11/11/13 stated there are a total of five duct detectors in the facility which included the three locations functionally tested on 08/13/15 and a duct detector located "above kitchen" and "above office". Based on interview at the time of record review, the Plant Operations Director stated he was unaware if any additional duct detectors were located in the facility and acknowledged it could not be assured all facility duct detectors were documented as being functional tested annually.</p> <p>3-1.19(b)</p> <p>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).</p> <p>Survey Date: 12/29/15</p> <p>Facility Number: 002703 Provider Number: 155680 AIM Number: 200309250</p> <p>At this Life Safety Code survey,</p>	K 0000	The facility requests the plan of correction be granted a "desk review" by the Department due to the scope and severity levels of the alleged deficiencies. 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 and true representations of the quality of care and services provided to the residents of Homewood Health Campus. This facility recognized its obligation to		

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K 0050 SS=F Bldg. 02	<p>Homewood Health Campus was found not in compliance with Requirements for Participation in Medicare, 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 addition to the 300 Hall constructed after March 2003 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The addition to the 300 Hall 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 59 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 01/05/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly</p>		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 the requirements of participation for residential health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.				

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	<p>on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>1. Based on record review and interview, the facility failed to document fire drills conducted on the second shift for 1 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" with the Plant Operations Director during record review from 9:10 a.m. to 11:50 a.m. on 12/29/15, documentation of a fire drill conducted on the second shift in the third quarter (July, August, September) of 2015 was not available for review. Based on interview at the time of record review, the Plant Operations Director acknowledged documentation of a fire drill conducted on the second shift in the aforementioned quarter was not available for review.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview,</p>	K 0050	<p>Corrective Action: Director of Plant Operations has scheduled all fire drill for 2016. DPO will ensure all documentation showing activation of the fire alarm system and transmission of the fire alarm signal are obtained. Identifying Others: The facility maintains that all residents and staff have the potential to be affected. Measures in Place: Executive Director will audit each fire drill to ensure all documentation showing activation of the fire alarm system and transmission of the fire alarm signal are obtained and placed in binder. Monitoring: Fire Drill audits will be monitored at the monthly Quality Assurance meeting for the next 6 months to ensure system in place is working.</p>	01/28/2016	

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	<p>the facility failed to document activation of the fire alarm system for second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 3 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" with the Plant Operations Director during record review from 9:10 a.m. to 11:50 a.m. on 12/29/15, documentation for the second shift fire drill conducted in the fourth quarter of 2014 on 12/22/14 at 8:09 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. In addition, documentation for the second shift fire drill conducted in the second quarter of 2015 on 06/01/15 at 6:30 p.m. and documentation for the first shift fire drill conducted on 12/26/15 at 9:45 a.m. each did not include activation of the fire alarm system and transmission of the fire</p>			

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K 0052 SS=F Bldg. 02	<p>alarm signal. Based on interview at the time of record review, the Plant Operations Director acknowledged documentation for the aforementioned fire drills conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b) 3.1-51(c)</p> <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 record review and interview, the facility failed to ensure documentation of annual functional testing for all facility smoke detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors are tested annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of SafeCare's</p>	K 0052	<p>Corrective Action: SafeCare inspected and tested all duct detectors on 12/30/2015, and visually laid eyes on all 5 duct detectors. All 5 dect detectors are working properly. The location of the 5 detectors are: above dinning room, above nurse station, above laundry, above kitchen, and above business office. Identifying Others: The facility maintains that all residents and staff have the potential to be affected. Measures in Place: The 5 duct detectors have been identified and tested, and are working properly. DPO will ensure that all 5 duct detectors are listed upon each ongoing</p>	01/28/2016

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	<p>"Inspection and Testing Form" documentation dated 11/30/15 with the Plant Operations Director during record review from 9:10 a.m. to 11:50 a.m. on 12/29/15, it could not be assured all facility duct detectors were documented as being functional tested annually. The aforementioned documentation stated there are a total of five duct detectors installed in the facility none of which was functionally tested on 11/30/15. Review of Vanguard Alarm Services "Inspection and Testing Certificate" dated 08/13/15 indicated a total of three duct detectors are located in the facility and were functionally tested. Review of Vanguard Alarm Services "Periodic Fire Alarm Inspection and Testing Report" dated 11/11/13 indicated there are a total of five duct detectors in the facility which included the three locations functionally tested on 08/13/15 and a duct detector located "above kitchen" and "above office". Based on interview at the time of record review, the Plant Operations Director stated he was unaware if any additional duct detectors were located in the facility and acknowledged it could not be assured all facility duct detectors were documented as being functional tested annually.</p> <p>3-1.19(b)</p>		<p>inspection. Monitoring: Executive Director will audit each inspection and ensure that all 5 duct detectors are monitored/tested and working correctly upon each inspection. Audits will be reviewed by QAA for the next year.</p>	