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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155680 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/23/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>HOMEWOOD HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2494 N LEBANON ST<br>LEBANON, IN 46052 |
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| (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 |
|--------------------|---|---------------|--|----------------------|
| K010000            | <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/22/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/23/15</p> <p>Facility Number: 002703<br/>Provider Number: 155680<br/>AIM Number: 200309250</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this PSR survey, Homewood Health Campus was found in substantial 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</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 hard wired smoke detectors in the corridors, resident rooms</p> | K010000       | <p>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, the plan of correction shall serve as the credible allegation of compliance with all state and federal governing the management of this facility. It is thus submitted as a matter of statute only.</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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| K010062<br>SS=B    | <p>and in spaces open to the corridors. 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 and all areas providing facility services were sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 01/27/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted,</p> | K010062       | <p>Corrective Action - The sprinkler head identified during this PSR was replaced on January 29, 2015 (see attached documentation) Identifying Others - The facility contends all residents and staff have the potential to be affected. Measures/Systemic Changes - Verifying all sprinkler heads are properly installed will be included in the Monthly Plant Operations Quality Assurance Review in addition to required inspections by contract vendors. Monitoring -</p> | 02/22/2015           |

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| K010147<br>SS=B    | <p>corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect residents using the 200 hall spa.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director at 9:15 a.m. on 01/23/15, the upright sprinkler in the one of the 200 hall spa shower stalls was improperly oriented in the pendant position. Based on interview at the time of observation, the Executive Director acknowledged the aforementioned sprinkler condition.</p> <p>3.1-19(b)</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure flexible cords were not used as a substitute for fixed wiring in 1 of 6 smoke compartments. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff, visitors and 10 or more resident in the 200 hall smoke compartment.</p> | K010147       | <p>The Director of plant operations will review each device monthly and report out to QA committee the results of any findings at hte monthly committee meeting.</p> <p>Corrective Action - The two power strip devices identified during this PSR were removed at the time of the survey walkthrough. Identifying Others - The facility contends that all residents have the potential to be affected. Measures/Systemic Changes - The facility Director of Plant Operations has begun the process of mounting power strip devices in an allowed area within resident suites. The facility has received contract vendor bids to increase the number of wall electric outlets over a period of</p> | 02/22/2015           |

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| K020000  | <p>Findings include:</p> <p>Based on observation with the Executive Director on 01/23/15 between 9:30 a.m. and 9:45 a.m., the following was noted:</p> <p>a) A power strip extension cord was located under the head of the bed in resident room 210.</p> <p>b) Resident room 201 had a power strip extension cord plugged into a nebulizer.</p> <p>Based on interview at the time of observation, the Executive Director acknowledged the lack of enough electrical outlets for equipment.</p> <p>3.1-19(b)</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/22/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/23/15</p> <p>Facility Number: 002703<br/>Provider Number: 155680<br/>AIM Number: 200309250</p> <p>Surveyor: Dennis Austill, Life Safety</p> | K020000   | <p>time within the resident suites. Monitoring - The Director of Plant Operations, Director of Environmental Services, Executive Director or designee will monitor through daily rounding to ensure proper location of electric power strips is enforced and that no medical device is plugged in to any such power strip device.</p> <p>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.</p> |   |  |   |  |

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|  | <p>Code Specialist</p> <p>At this PSR survey, Homewood Health Campus was found in substantial 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</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 hard wired smoke detectors in the corridors, resident rooms and in spaces open to the corridors. 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 and all areas providing facility services were sprinklered.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p> |   | To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal governing the management of this facility. It is thus submitted as a matter of statue only. |                      |   |