CEATEMENT OF DEFICIENCIES AND PROVIDED (CLIDDLES) (CLIDDLES)			OMB NO. 0930-0				
STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		COMPLETED		
155651		B. WING	04/16/2024				
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN (X4) ID SUMMARY STATEMENT OF DEFICIENCIE			STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)		
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE			
TAG	•		TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE		
E 0000	REGULATURI UR	LESS IDENTIFTING INFORMATION	IAU	1	DATE		
E 0000	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/16/24 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 At this Emergency Preparedness survey, Homeview Center of Franklin was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 119 certified beds. At the time of the survey, the census was 110.		E 0000	K000 The completion of this plan of correction does not constitute admission that the alleged deficiency exists. The plan of correction is provided as evide of the facilities' desire to comp with the regulations and contir to provide quality care in a saf environment. The facility wou like to request a des review fo compliance.	ence oly nue fe Id		
V 0000	Quality Review con	npleted on 04/19/24					
K 0000							
Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/16/24 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 At this Life Safety Code survey, Homeview Center		K 0000	K000 The completion of this plan of correction does not constitute admission that the alleged deficiency exists. The plan of correction is provided as evide of the facilities' desire to comp with the regulations and contir to provide quality care in a saf environment. The facility wou like to request a des review fo compliance.	ence oly nue fe Id		
	•	•	1	1 '			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Mark Gavorski Administrator 04/25/2024

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	<u>01</u>	COMPLETED	
155651		B. WING		04/16/2024		
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD		
		DANIZI INI		OUTH STATE STREET		
	EW CENTER OF F	RANKLIN	FRAIN	(LIN, IN 46131		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE	
TAG		and not in compliance with	TAG		DATE	
		articipation in Medicare, 42				
	_	0(a), Life Safety from Fire and				
	the 2012 edition of	the National Fire Protection				
) 101, Life Safety Code (LSC)				
	and 410 IAC 16.2.					
	This one-story facil	ity consists of four buildings.				
	I	ginal building built in 1985 was				
		Type V (111) construction and				
		ed and Building 02, the New				
	_	ed to the south of the original				
	_	of Type V (111) construction				
		klered. Building 01 and				
	Existing Health Car	eviewed with Chapter 19,				
	Laisting Hearth Car	e Occupancies.				
	Building 03 is the e	ast end addition constructed in				
	2020 and includes,	but is not limited to, the				
		oom, Therapy Courtyard and				
		eping rooms to be numbered				
		and Room 334. There will be no				
		ng 04 is the newly constructed Care constructed in 2021.				
		ilding 04 were both determined				
		1) and were fully sprinklered.				
		ilding 04 were reviewed with				
	Chapter 18, New H	ealth Care Occupancies.				
	Th. 6					
	1	re alarm system with smoke ridor and hard-wired smoke				
		t sleeping rooms. The facility				
		9 and had a census of 110 at				
	the time of this survey.					
		idents have customary access				
		The facility has one detached				
	sprinklered.	facility services which was not				
	sprinkiereu.					

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AND PLAN OF CORRECTION IDE		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155651	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/16/2024		
	PROVIDER OR SUPPLIER		65	1 SOI	DDRESS, CITY, STATE, ZIP COD UTH STATE STREET LIN, IN 46131		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREF TA		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
K 0222 SS=E Bldg. 01	NFPA 101 Egress Doors Egress Doors Doors in a require be equipped with requires the use of egress side unless special locking art CLINICAL NEEDS LOCKING Where special loc clinical security ne used, only one loc permitted on each be made for the ra by: remote control locks or keys carr other such reliable staff at all times. 18.2.2.2.5.1, 18.2 19.2.2.2.6 SPECIAL NEEDS ARRANGEMENT: Where special loc safety needs of th the Clinical or Sec are being met. In a electrical locks tha release upon loss building is protecte automatic sprinkle space is protected detection system at an attended loc space); and both it	king arrangements for the leds of the patient are sking device shall be door and provisions shall apid removal of occupants of locks; keying of all led by staff at all times; or a means available to the 2.2.6, 19.2.2.2.5.1, LOCKING Sking arrangements for the le patient are used, all of surity Locking requirements addition, the locks must be left fail safely so as to of power to the device; the led by a supervised or system and the locked left by a complete smoke for is constantly monitored lation within the locked the sprinkler and detection ged to unlock the doors					

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	R MEDICARE & MEDIC					NO. 0938-039
		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155651	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 04/16/2024	
	PROVIDER OR SUPPLIED		651 SC	ADDRESS, CITY, STATE, ZIP COD DUTH STATE STREET KLIN, IN 46131		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	E	(X5) COMPLETION DATE
	systems installed 7.2.1.6.1 shall be assemblies servir contents in buildir an approved, sup detection system automatic sprinkle 18.2.2.2.4, 19.2.2 ACCESS-CONTF LOCKING ARRAI Access-Controlled installed in accord be permitted. 18.2.2.2.4, 19.2.2 ELEVATOR LOBI LOCKING ARRAI Elevator lobby ex accordance with 5 on door assemblir throughout by an automatic fire det approved, superv system. 18.2.2.2.4, 19.2.2.2	delayed-egress locking in accordance with permitted on door ag low and ordinary hazard ags protected throughout by ervised automatic fire or an approved, supervised er system. 2.4 ROLLED EGRESS NGEMENTS degress Door assemblies dance with 7.2.1.6.2 shall 2.4 BY EXIT ACCESS NGEMENTS it access door locking in 7.2.1.6.3 shall be permitted es in buildings protected approved, supervised ection system and an ised automatic sprinkler	V 0222	K222		05/02/2024
	failed to ensure the 8 exits were readily without a clinical d security measures. of egress shall not lock that requires the egress side unless of 19.2.2.2.4. Door-lo permitted in according	means of egress through 1 of vaccessible for residents iagnosis requiring specialized Doors within a required means be equipped with a latch or ne use of a tool or key from the otherwise permitted by LSC cking arrangements shall be lance with 19.2.2.2.5.2. This could affect over 20 residents, 4	K 0222	K222 The facility will ensure that this requirement is met through the following corrective measures: No residents have been harmed. All residents have the potential to be affected by the access code not be posted clear by the key pad. The maintenance staff		05/03/2024

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staff and 2 visitors if needing to exit the facility.

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printed a new label and posted the access code clearly by the key

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155651		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 04/16/2024				
	NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN (X4) ID SUMMARY STATEMENT OF DEFICIENCIE			STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131				
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE			
	Findings include: Based on observations made with the Director of Plant Operations (DPO) during a tour of the facility on 04/16/24 at 12:30 p.m., the exit doors at the Station 3 lobby were marked as a facility exit, were magnetically locked, and could be opened by entering a four-digit code but the code was placed on a small one-inch sticker located on the self-closing device approximately 48 inches from the code pad and would be extremely difficult to locate in the event of an emergency situation such as an active shooter. Based on interview at the time of the observations, the DPO stated the aforementioned facility exit was indeed marked as an exit and could be opened by entering a four-digit code stating that the code was made specifically difficult to locate as not to make it easy for certain residents to elope from the facility. This item was discussed again at the exit conference with the Regional Maintenance Supervisor and the DPO at the exit conference on 04/16/24 at 2:40 p.m. 3.1-19(b)			pad for all to see. The maintenance staff have been in-serviced that all egress dowill have access code posted clearly for all to see. 4 The code is posted clear and the maintenance supervivil audit weekly for one montand monthly thereafter to ass the posting of the egress code not removed. 5 The Audit will be preser at the monthly QAPI meeting May and June of 2024. This deficiency was correct on Ma 2024	orly sor th ure e is nted in			
K 0355 SS=E Bldg. 01	installed, inspecte accordance with N Portable Fire Extir 18.3.5.12, 19.3.5. Based on observation failed to maintain 1 in the kitchen cooking	nguishers guishers are selected, d, and maintained in NFPA 10, Standard for nguishers.	K 0355	K355 The facility will ensure that th requirement is met through th following correct measures: 1	ie			

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155651		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE SURVEY COMPLETED 04/16/2024			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Portable Fire Extinguishers, 2010 Edition, Section 5.5.5 states fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 5.5.5.3 states a placard shall be placed near the extinguisher that states that the protection system shall be actuated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using the portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect as many as five staff in the kitchen.		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) residents have been harmed. 2. All residents have the pote to be affected by the K fire extinguisher in the kitchen that not have a placard conspicuo placed near the fire protection system. 3. The Maintenance staff had	ential at did usly		
				K Class fire extinguisher but ordered and installed a new placard near the fire extinguis for all to see. 4. The maintenance employed were in-serviced of the need of fire extinguisher placard to be posted by the K Class extinguisher at all times. A monthly audit was created an	her ees for a kept		
	Plant Operations (D facility on 04/16/24 fire extinguisher was placard was not con extinguisher which system shall be acti extinguisher. Based observation, the DP placard was not con	ons made with the Director of a PO) during a tour of the at 1:10 p.m., a portable K Class as located in the kitchen, but a aspicuously placed near the states the fire protection vated prior to using the fire on interview at the time of O acknowledged that a aspicuously placed near the states the fire protection.		be audited to assure the fire extinguisher placard is not removed. 5. The compliance of the Audwill be submitted to the QAPI committee in the next 3 months. As May 3, 2024 the deficiency has been corrected.	lit		
	system shall be acti extinguisher adding for the kitchen area This item was discu conference with the	states the fire protection vated prior to using the fire that he may have to order one K Class fire extinguisher. ssed again at the exit Regional Maintenance DPO at the exit conference on m.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ЛLDING	01	COMPL	ETED
		155651	B. W	ING		04/16/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	L.			UTH STATE STREET		
HOMEVI	EW CENTER OF FI	RANKLIN			LIN, IN 46131		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
K 0000							
DI 1 00							
Bldg. 03	A T 'C G C 4 G 1	D ('C (' 15)	17.0	000	1,000		
	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).		K 0	000	K000		
					The completion of this plan of		
						rection does not constitute an	
	463.90(a).				admission that the alleged deficiency exists. The plan of		
	Survey Date: 04/16	5/24			correction is provided as evide of the facilities' desire to comp	ence	
	Facility Number: 0	00353			with the regulations and contir	,	
	Provider Number:				to provide quality care in a saf		
	AIM Number: 1002				environment. The facility wou		
	7 HIVI I VAINIOCI. 1002	2)1330			like to request a des review fo		
	At this Life Safety (Code survey, Homeview Center			compliance.	'	
	1	nd not in compliance with			Germphanico.		
		articipation in Medicare, 42					
	_	0(a), Life Safety from Fire and					
	_	the National Fire Protection					
	Association (NFPA) 101, Life Safety Code (LSC)					
	and 410 IAC 16.2.						
	This one-story facil	ity consists of four buildings.					
	I -	ginal building built in 1985 was					
	_	Type V (111) construction and					
		ed and Building 02, the New					
		d to the south of the original					
		of Type V (111) construction					
	and was fully sprink	clered. Building 01 and					
	Building 02 were re	eviewed with Chapter 19,					
	Existing Health Car	re Occupancies.					
	Building 02 is the a	act and addition constructed in					
		ast end addition constructed in but is not limited to, the					
		oom, Therapy Courtyard and					
		eping rooms to be numbered					
		nd Room 334. There will be no					
		g 04 is the newly constructed					
		Care constructed in 2021.					
	1	ilding 04 were both determined					

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	MULTIPLE CONSTRUCTION (X3) DATE SURVE			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	03	COMPLETED		
		155651	B. WING		04/16/2024		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE		
	REGULATORY OR LSC IDENTIFYING INFORMATION to be of Type V(111) and were fully sprinklered. Building 03 and Building 04 were reviewed with Chapter 18, New Health Care Occupancies. The facility has a fire alarm system with smoke detection in the corridor and hard-wired smoke detectors in resident sleeping rooms. The facility has a capacity of 119 and had a census of 110 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services which was not sprinklered. Quality Review completed on 04/19/24						
K 0000							
Bldg. 04	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/16/24 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 At this Life Safety Code survey, Homeview Center of Franklin 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. This one-story facility consists of four buildings.		K 0000	K000 The completion of this plan of correction does not constitute admission that the alleged deficiency exists. The plan of correction is provided as evide of the facilities' desire to comp with the regulations and contir to provide quality care in a saf environment. The facility wou like to request a des review fo compliance.	ence oly nue fe		

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

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155651	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/16/2024		
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN			-	STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	(X5) COMPLETION DATE		
IAU	Building 01, the ord determined to be of was fully sprinklere. Wing addition adde building in 2005 is and was fully sprin. Building 02 were re. Existing Health Ca. Building 03 is the e. 2020 and includes, Physical Therapy R. 24 new resident sle. 122-136, 325-332 a. Room 333. Buildin. 200 Wing Memory. Building 03 and But to be of Type V(11 Building 03 and But Chapter 18, New H. The facility has a find detection in the cord detectors in residen has a capacity of 11 the time of this surv. All areas where reswere sprinklered. The building providing sprinklered.	ginal building built in 1985 was Type V (111) construction and ed and Building 02, the New ed to the south of the original of Type V (111) construction klered. Building 01 and eviewed with Chapter 19, re Occupancies. east end addition constructed in but is not limited to, the coom, Therapy Courtyard and eping rooms to be numbered and Room 334. There will be no g 04 is the newly constructed Care constructed in 2021. adding 04 were both determined 1) and were fully sprinklered. adding 04 were reviewed with ealth Care Occupancies. re alarm system with smoke ridor and hard-wired smoke t sleeping rooms. The facility 19 and had a census of 110 at		IAU			DATE	

Event ID: 8ZGL21 Facility ID: 000353 If continuation sheet Page 9 of 9