

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

PRINTED: 04/30/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651		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 CODE 651 SOUTH STATE STREET FRANKLIN, IN 46131			
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E 0000 Bldg. --	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. Quality Review completed on 04/19/24		E 0000	K000 The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities' desire to comply with the regulations and continue to provide quality care in a safe environment. The facility would like to request a des review for compliance.			
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 an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities' desire to comply with the regulations and continue to provide quality care in a safe environment. The facility would like to request a des review for compliance.			

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

TITLE

(X6) DATE

Mark Gavorski

Administrator

04/25/2024

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 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 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>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.</p> <p>This one-story facility consists of four buildings. Building 01, the original building built in 1985 was determined to be of Type V (111) construction and was fully sprinklered and Building 02, the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and was fully sprinklered. Building 01 and Building 02 were reviewed with Chapter 19, Existing Health Care Occupancies.</p> <p>Building 03 is the east end addition constructed in 2020 and includes, but is not limited to, the Physical Therapy Room, Therapy Courtyard and 24 new resident sleeping rooms to be numbered 122-136, 325-332 and Room 334. There will be no Room 333. Building 04 is the newly constructed 200 Wing Memory Care constructed in 2021. Building 03 and Building 04 were both determined to be of Type V(111) and were fully sprinklered. Building 03 and Building 04 were reviewed with Chapter 18, New Health Care Occupancies.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services which was not sprinklered.</p>						

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K 0222 SS=E Bldg. 01	<p>Quality Review completed on 04/19/24</p> <p>NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p>						

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	<p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 1 of 8 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC 19.2.2.2.4. Door-locking arrangements shall be permitted in accordance with 19.2.2.2.5.2. This deficient practice could affect over 20 residents, 4 staff and 2 visitors if needing to exit the facility.</p>	K 0222	<p>K222 The facility will ensure that this requirement is met through the following corrective measures:</p> <p>1 No residents have been harmed.</p> <p>2 All residents have the potential to be affected by the access code not be posted clearly by the key pad.</p> <p>3 The maintenance staff printed a new label and posted the access code clearly by the key</p>		05/03/2024		

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K 0355 SS=E Bldg. 01	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 doors will have access code posted clearly for all to see. 4 The code is posted clearly and the maintenance supervisor will audit weekly for one month and monthly thereafter to assure the posting of the egress code is not removed. 5 The Audit will be presented at the monthly QAPI meeting in May and June of 2024. This deficiency was correct on May 3, 2024			
	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10. NFPA 10, Standard for		K 0355	K355 The facility will ensure that this requirement is met through the following correct measures: 1. No		05/03/2024	

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	<p>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.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations (DPO) during a tour of the facility on 04/16/24 at 1:10 p.m., a portable K Class fire extinguisher was located in the kitchen, but a placard was not conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Based on interview at the time of observation, the DPO acknowledged that a placard was not conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher adding that he may have to order one for the kitchen area K Class fire extinguisher.</p> <p>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.</p> <p>3.1-19(b)</p>				<p>residents have been harmed.</p> <p>2. All residents have the potential to be affected by the K fire extinguisher in the kitchen that did not have a placard conspicuously placed near the fire protection system.</p> <p>3. The Maintenance staff had the K Class fire extinguisher but ordered and installed a new placard near the fire extinguisher for all to see.</p> <p>4. The maintenance employees were in-serviced of the need for a fire extinguisher placard to be kept posted by the K Class extinguisher at all times. A monthly audit was created and will be audited to assure the fire extinguisher placard is not removed.</p> <p>5. The compliance of the Audit will be submitted to the QAPI committee in the next 3 months. As May 3, 2024 the deficiency has been corrected.</p>		

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K 0000 Bldg. 03	<p>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).</p> <p>Survey Date: 04/16/24</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>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.</p> <p>This one-story facility consists of four buildings. Building 01, the original building built in 1985 was determined to be of Type V (111) construction and was fully sprinklered and Building 02, the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and was fully sprinklered. Building 01 and Building 02 were reviewed with Chapter 19, Existing Health Care Occupancies.</p> <p>Building 03 is the east end addition constructed in 2020 and includes, but is not limited to, the Physical Therapy Room, Therapy Courtyard and 24 new resident sleeping rooms to be numbered 122-136, 325-332 and Room 334. There will be no Room 333. Building 04 is the newly constructed 200 Wing Memory Care constructed in 2021. Building 03 and Building 04 were both determined</p>			K 0000	<p>K000</p> <p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities' desire to comply with the regulations and continue to provide quality care in a safe environment. The facility would like to request a des review for compliance.</p>		

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K 0000 Bldg. 04	<p>to be of Type V(111) and were fully sprinklered. Building 03 and Building 04 were reviewed with Chapter 18, New Health Care Occupancies.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services which was not sprinklered.</p> <p>Quality Review completed on 04/19/24</p> <p>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).</p> <p>Survey Date: 04/16/24</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>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.</p> <p>This one-story facility consists of four buildings.</p>			K 0000	K000 The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities' desire to comply with the regulations and continue to provide quality care in a safe environment. The facility would like to request a des review for compliance.		

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