

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

PRINTED: 03/25/2025

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 02/26/2025	
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH STATE STREET FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/26/25</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>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.</p> <p>The facility has 119 certified beds. At the time of the survey, the census was 108.</p> <p>Quality Review completed on 02/28/25</p>			E 0000	Homeview is requesting paper compliance for both K353 and K921, The POC is currently completed.		
K 0000 Bldg. 01	<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: 02/26/25</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>At this Life Safety Code survey, Homeview Center</p>			K 0000	Homeview is requesting paper compliance for both K353 and K921, The POC is currently completed.		

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

TITLE

(X6) DATE

Mark Gavorski

Administrator

03/14/2025

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 Court Yard 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 108 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 0921 SS=F Bldg. 01	<p>Quality Review completed on 02/28/25</p> <p>NFPA 101 Electrical Equipment - Testing and Maintenanc</p> <p>Based on record review and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for all Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the PCREE systems inspection</p>			K 0921	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No residents were harmed. 2. All residents have the potential to be affected. All PCREE owned by the facility will be tested on or before 3/10/25 and documentation proving PCREE testing on rental equipment/equipment provided by vendors will be obtained by 3/28/25. 3. The Maintenance Director was educated on this requirement. The HFA or his designee will audit annually to ensure that all required inspections/service are completed timely indefinitely. The findings of these audits will be presented during the facility's monthly QAPI meetings and the action plan adjusted accordingly. 		03/14/2025

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K 0000 Bldg. 03	<p>contractor's "Certificate" documentation dated 10/01/25 and "Work Order ID" documentation dated 10/09/24 with the Administrator, Director of Plant Operations and the Regional Director of Property Management during record review from 9:10 a.m. to 12:55 p.m. on 02/26/25, PCREE testing documentation for Therapy Room equipment was the only PCREE testing documentation available for review at the time of the survey. Based on interview at the time of record review, the Administrator stated any PCREE that the facility does not own is tested for electrical safety by the PCREE supplier or the inspection contractor and any PCREE the facility owns, like the resident beds, will be tested 03/10/25 by Corporate construction staff.</p> <p>These findings were reviewed with the Administrator, Director of Plant Operations and the Regional Director of Property Management during the exit conference.</p> <p>3.1-19(b)</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: 02/26/25</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</p>			K 0000	Homeview is requesting paper compliance for both K353 and K921, The POC is currently completed.		

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	<p>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 Court Yard 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 108 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 02/28/25</p>						

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K 0000 Bldg. 04	<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: 02/26/25</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 Court Yard 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	Homeview is requesting paper compliance for both K353 and K921, The POC is currently completed.		

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K 0353 SS=B 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 108 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 02/28/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 2 dry sprinkler system gauges in Bldg 04 were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect over 8 residents, staff and visitors in Bldg 04.</p> <p>Findings include:</p> <p>Based on observations with the Administrator, Director of Plant Operations and the Regional Director of Property Management during a tour of</p>			K 0353	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No residents, staff or visitors were harmed. 2. All 8 residents, visitors, and staff have the potential to be affected. The gauge(s) have been scheduled for replacement on 3/28/25. 3. The Maintenance Director has been educated on this requirement. The HFA or his designee will audit annually to ensure all required inspections/services have been completed timely indefinitely. 4. The findings of these reviews will be presented during the facility's monthly QAPI meetings 		03/14/2025

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	<p>the facility from 1:10 p.m. to 3:25 p.m. on 02/26/25, Bldg 04 has supervised dry and wet sprinkler systems and had a total of two dry sprinkler system pressure gauges. The manufacture date of 2017 was listed on the face of the dry sprinkler system gauge identified as "A2" which was attached to the top of the accelerator for the system. An installation date of "2018" was also written on the face of the gauge. No recalibration date information was affixed to the sprinkler system gauge. Based on interview at the time of the observations, the Director of Plant Operations stated the facility had to replace the accelerator in 2021, the gauge was probably installed at that time and agreed recalibration documentation was not available for review for the dry sprinkler system gauge which was more than five years old and had an installation date written on the gauge of more than five years old. Just prior to the exit conference at 3:25 p.m. on 02/26/25, the Regional Director of Property Management provided "Work Order" documentation dated 03/03/21 and the sprinkler system inspection contractor's "Invoice" documentation both of which detailed accelerator replacement in July 2021.</p> <p>These findings were reviewed with the Administrator, Director of Plant Operations and the Regional Director of Property Management during the exit conference.</p> <p>3.1-19(b)</p>				and the plan of action adjusted accordingly.		