

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

PRINTED: 09/14/2022
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 00 B. WING		X3) DATE SURVEY COMPLETED 08/26/2022	
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 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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00388432.</p> <p>Complaint IN00388432- Substantiated. Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Survey date: August 26, 2022</p> <p>Facility number: 000353 Provider number: 155651 AIM number: 100291330</p> <p>Census Bed Type: SNF/NF: 109 Total: 109</p> <p>Census Payor Type: Medicare: 4 Medicaid: 75 Other: 30 Total: 109</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 30, 2022.</p>			F 0000	<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 is requesting a desk review for compliance.</p>		
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</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 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 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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	<p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to provide supervision and assistance to prevent falls for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Finding includes:</p> <p>On 8/26/22 at 1:15 p.m., Resident's B clinical record was reviewed. The diagnoses included, but not limited to, vascular dementia with behaviors and diabetes with diabetic neuropathy.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 7/22/22, indicated Resident B had severe cognitive impaired.</p> <p>Resident B's care plan, dated 6/14/22, indicated Resident B was a risk for falls and required the limited assistance of one person for locomotion on the unit.</p> <p>A Progress Note, dated 8/20/22 at 4:30 p.m., indicated Resident B was receiving her shower. After the shower, CNA 1 stepped away from the shower chair to get Resident B's clothes, when Resident B attempted to sit down the shower chair moved slightly, causing Resident B to slip to the floor. Resident B did not cry out in any pain. Assessment done by the nurse, Resident B did not indicate any concerns during assessment and was dressed and taken to her room. Upon Resident B being assisted to her bed she started to complain of pain near her tailbone.</p> <p>Resident B's hospital records, dated 8/21/22 at 1:36 p.m., indicated a CT (computed tomography scan) included but was not limited to, acute</p>			F 0689	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident B has made no complaints of pain since return from the ER. Her care plan has been reviewed/revised with new orders as indicated. She remains on OT and PT caseload. 2. All residents receiving showers and utilizing shower chairs have the potential to be affected. CNA 1 was re-educated. See below for further actions. 3. The RCP # 32 was reviewed and no changes were indicated. Licensed and non-licensed nursing staff were re-educated on the procedure. The DON or her designee will observe transfers before/after showers 5 per week, varying days and shifts, for 6 weeks and until 100% compliance is achieved, then 8 per month for 6 months and until 100% compliance is maintained to ensure shower chair brakes are locked accordingly. 4. The findings of these observations will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly. 		09/13/2022

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	<p>nondisplaced fracture cannot be excluded.</p> <p>During an interview with the Administrator and Unit Manager on 8/26/22 at 12:54 p.m., indicated Resident B always transferred herself and when in the shower she required the assistance of one. They indicated the locks for all chairs should be locked prior to transferring residents.</p> <p>During an interview with RN 1 on 8/26/22 at 2:20 p.m., indicated she working on 8/20/22 when Resident B had her fall. RN 1 indicated Resident B was receiving therapy to help return her strength.</p> <p>During an interview with Administrator on 8/26/22 at 2:22 p.m., he indicated after the investigation of the incident, it was found that CNA 1 failed to lock the shower chair breaks. At that time, the Administrator provided the CNA Job Specific Orientation Checklist, undated, which indicated CNA 1 was orientated on 4/24/22.</p> <p>On 8/26/22 at 2:22 p.m., the Administrator provided a copy of the facility policy "Resident Procedure #32: Shower/Shampoo", revised 3/2017, and indicated it was the current policy used by the facility. A review of the policy indicated under # 4 "Assist Resident into shower via wheelchair. Lock wheels of shower chair and transfer resident to shower chair...".</p> <p>This Federal tag relates to Complaint IN00388432.</p> <p>3.1-45(a)(2)</p>						