

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

PRINTED: 03/01/2023

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 02/07/2023	
NAME OF PROVIDER OR SUPPLIER  HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131			
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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: 02/07/23</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 104.</p> <p>Quality Review completed on 02/09/23</p>			E 0000	<p><b>K 000</b></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 is requesting a desk review for compliance.</p>		
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: 02/07/23</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>At this Life Safety Code survey, Homeview Center</p>			K 0000	<p><b>K 000</b></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 is requesting a desk review for compliance.</p>		

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

TITLE

(X6) DATE

Mark Gavorski

Administrator

02/21/2023

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 disclosed 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>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 104 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 0345 SS=C Bldg. 01	<p>Quality Review completed on 02/09/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101-2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Plant Operations Director during a tour of the facility from 11:40 a.m. to 2:00 p.m. on 02/07/23, the date and the time of day for the main fire alarm control panel and the remote fire alarm panel at the Station 1 nurse's station were incorrect. The display for the main fire alarm control panel read the date as October 1, 2021 and the time of day as 20:09:00 at 1:07 p.m.. The remote fire alarm panel at the Station 1 nurse's station read the date as October 1, 2021 and the time of day as 20:41:04 at 1:39 p.m. Based on interview at the time of the observations, the Administrator and the Plant Operations Director agreed the main fire alarm</p>			K 0345	<p><b>K 345</b></p> <p>The facility will ensure that this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>No residents have been harmed.</li> <li>All residents have the potential to be affected by the date and time not being reset on the fire alarm panel.</li> <li>The maintenance staff manually reset the date and time on the fire alarm panel to the current time. The fire alarm panel date and time can be out of sync based upon being placed in test or service mode. The maintenance staff has been in-serviced on the requirements of the panels' correct date and time.</li> <li>The fire alarm panel date and time will be audited weekly and until 100% compliance is achieved for the next six weeks</li> </ol>		02/13/2023

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K 0500 SS=C Bldg. 01	<p>control panel and the remote fire panel did not display the correct date and the correct time of day.</p> <p>This finding was reviewed with the Administrator and the Plant Operations Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Plant Operations Director during a tour of the facility from 11:40 a.m. to 2:00 p.m. on 02/07/23, the following five water heaters had expired Certificate of Inspection documentation from the State of Indiana:</p> <p>a. the service water heater identified as IN310129</p>			K 0500	<p>and documented in TELS then will be audited monthly for six months and until 100% compliance is maintained.</p> <p>5. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action will be adjusted accordingly.</p> <p><b>K 500</b></p> <p>The facility will ensure that this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>No residents have been harmed.</li> <li>All residents have the potential to be affected by the expired boiler permit. Each boiler has been inspected by our insurance company and those inspections have been sent to Homeland Security along with payment.</li> <li>The maintenance staff have been set up with a user name, password, and have been educated on Homeland Security's online system for payment and</li> </ol>		02/13/2202

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K 0522 SS=D Bldg. 01	<p>had a Certificate of Inspection posted at the unit stating the expiration date was 06/18/22.</p> <p>b. the service water heater identified as IN342957 had a Certificate of Inspection posted at the unit stating the expiration date was 03/06/18.</p> <p>c. the service water heater identified as IN340930 had a Certificate of Inspection posted at the unit stating the expiration date was 03/06/18.</p> <p>d. the service water heater identified as IN292655 had a Certificate of Inspection posted at the unit stating the expiration date was 06/18/22.</p> <p>e. the service water heater identified as IN292656 had a Certificate of Inspection posted at the unit stating the expiration date was 06/18/22.</p> <p>Based on interview at the time of the observations, the Plant Operations Director stated current Certificate of Inspection documentation was not available for review and agreed the aforementioned service water heaters each had expired Certificate of Inspection documentation from the State of Indiana.</p> <p>This finding was reviewed with the Administrator and the Plant Operations Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 HVAC - Any Heating Device HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside.</p>				<p>printing of boiler permit certificate from the Homeland Security website. All permits have been paid for and received as of 02/8/2023.</p> <p>4. A monthly audit of the boiler permits will be completed in TELS for six months and until 100% compliance is achieved, then every quarter for six months and until 100% compliance is maintained.</p> <p>5. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action will be adjusted accordingly.</p>		

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K 0000	<p>* provides for a combustion system separate from occupied area atmosphere.</p> <p>19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 natural gas fired dryers in the Laundry were continually provided with combustion air taken directly from the outside. This deficient practice could affect over two staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Plant Operations Director during a tour of the facility from 11:40 a.m. to 2:00 p.m. on 02/07/23, two openings providing makeup air in the outside wall behind the two natural gas fired dryers in the Laundry were covered over with wood to prevent the cold air from the outside from entering the area behind the dryers in the Laundry room. Each of the two natural gas fired dryers were in operation at the time of the observations and no other openings for makeup air from the outside were noted behind the dryers. Based on interview at the time of the observations, the Plant Operations Director stated the wood is only used to cover the makeup air openings when there is cold air from the outside but agreed the two natural gas fired dryers in the Laundry were not continuously provided with combustion air taken directly from the outside when the dryers are in operation.</p> <p>This finding was reviewed with the Administrator and the Plant Operations Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0522	<p><b>K 522</b></p> <p>The facility will ensure that this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. No residents have been harmed.</li> <li>2. All residents have the potential to be affected by the barrier that decreased air intake from the outside. The barrier has been removed as of 2/8/2023.</li> <li>3. Maintenance staff and laundry staff have been educated on this requirement that the area requires air for combustion from the outside. The air vent in the dryer area will be audited once a week for the next six weeks and until 100% compliance is achieved, then monthly for 6 months and until 100% compliance is maintained.</li> <li>5. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action will be adjusted accordingly.</li> </ol>		02/13/2023

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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: 02/07/23</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 to be of Type V(111) and were fully sprinklered. Building 03 and Building 04 were reviewed with</p>			K 0000	<p><b>K 000</b></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 is requesting a desk review for compliance.</p>		

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K 0000  Bldg. 04	<p>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 104 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 02/09/23</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: 02/07/23</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</p>			K 0000	<p><b>K 000</b></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 is requesting a desk review for compliance.</p>		



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	<p>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 104 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 02/09/23</p>						