

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Homewood Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N Lebanon St Lebanon, IN 46052	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the facility failed to ensure Enhanced Barrier Precautions (EBP) were in place and followed for 3 of 5 residents reviewed for pressure ulcers (Residents H, F and G). Findings include: During a facility tour, on 9/9/25, with the Director of Health Services (DHS) and the Assistant Director of Health Services (ADHS), the following residents did not have Enhanced Barrier Precautions (EBP) in place and followed. 1. Resident H had a dressing around his right great toe. The ADHS indicated the resident had a pressure ulcer to his right great toe. There were no Enhanced Barrier Precautions in place. When the DHS raised the resident's right foot to make it easier to see the dressing on his toe, she did not put on a gown prior to touching the resident's foot. The clinical record for Resident H was reviewed on 9/10/25 at 3:15 p.m. The diagnoses included, but were not limited to, type II diabetes mellitus, dementia, pulmonary fibrosis, major depressive disorder, and cognitive communitive disorder. A physician's order, dated 9/4/25, indicated Resident H's ulcer wound was to be cleaned with wound cleanser or normal saline, patted dry, then skin prep was to be applied to the peri-wound, and covered with a foam dressing. A physician's order for Enhanced Barrier Precautions was not entered until 9/9/25. There were no signs present in the room or on the door to alert staff Resident H required Enhanced Barrier Precautions. 2. The DHS and ADHS stood Resident F up from her wheelchair and pulled her pants down, so her coccyx dressing could be observed. The DHS and ADHS did not put on a gown before having contact with the resident. There were no Enhanced Barrier Precautions in place. The clinical record for Resident F was reviewed on 9/10/25 at 3:30 p. m. The diagnoses included, but were not limited to, type II diabetes mellitus, cognitive communication deficit, pain, and osteoarthritis. A physician's order, dated 8/6/25, indicated Resident F's sacrum wound was to be cleansed with wound cleanser or normal saline, patted dry, skin prep applied to the peri-wound, then covered with a dry protective dressing every three days. A physician's order for Enhanced Barrier Precautions was not entered until 9/9/25. There were no signs present in the room or on the door to alert staff Resident F required Enhanced Barrier Precautions. 3. Resident G had a left foot dressing observed to be dry and intact at 2:07 p. m. There were no Enhanced Barrier Precautions in place. The clinical record for Resident G was reviewed on 9/10/25 at 3:45 p.m. The diagnoses included, but were not limited to, type II diabetes mellitus, chronic kidney disease stage 3, cardiac pacemaker, and pressure-induced deep tissue damage of left heel. A physician's order, dated 9/8/25, indicated to cleanse the left heel wound with saline, pat dry, apply Betadine to the skin flap and surrounding tissue, then cover with bordered foam and heel foam and change daily. A physician's order for Enhanced Barrier Precautions was not entered until 9/9/25. There were no signs present in the room or on the door to alert staff Resident G required Enhanced Barrier Precautions. During an interview, on 9/9/25 at 2:07 p.m., the Assistant Director of Health Services indicated there should have been personal protective equipment (PPE) set up in the rooms and they should have had a physician's order for Enhanced Barrier Precautions. During an interview, on 9/9/25 at 3:14 p.m., the Director of Health Services indicated both herself and the Assistant Director of Health Services should have stopped and put on PPE prior to touching residents with wounds. A current facility policy, titled Enhanced Barrier Precautions (EBP) Standard Operating Procedure, dated 4/1/24 and provided by the Executive Director on 9/10/25 at 11:47 a.m., indicated .Guidance for enhanced barrier precautions (EBP) to decrease risk of becoming colonized and developing infections with multidrug-resistant organism (MDRO) status. Enhanced Barrier Precautions (EBP) will be in place during high-contact care activities for residents with the following conditions: a. Residents at an increased risk of MDRO acquisition which include: i. All residents with chronic wounds, including but not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical ulcers and venous stasis ulcers. Personal Protective Equipment (PPE) should be used even if blood and body fluid exposure is not anticipated. a. At a minimum, staff shall wear gloves and gown during high-contact care activities. This citation was related to Intake 2610362.3.1-18(b)(2)</p>		