STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155680	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homewood Health Campus	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to ensure fall interventions were in place according to the plan of care for 1 of 2 residents reviewed for accidents. (Resident 28)Findings include:1. During an observation, on 6/9/26 at 10:54 a.m., Resident 28 was sitting up in bed, and the head of the bed was elevated. A mattress was observed propped up between the wall, by the door and a recliner. During an interview, on 6/9/26 at 11:32 a.m., Resident 28 indicated he had fallen out of his bed. During an interview, on 6/9/26 at 11:38 a.m., LPN 1 indicated he was not sure if the fall mat needed to be on the floor when Resident 28 was in bed. The care plan was reviewed, and LPN 1 indicated the fall mat was to be on the floor when the resident was in bed.2. During an observation, on 6/11/26 at 10:04 a.m., Resident 28 was in a high back wheelchair in his room. A call light pad was observed on the sofa directly behind the resident. The resident attempted to reach the call light and indicated he could not find it. During an interview, on 6/11/26 at 10:21 a.m., the Assistant Director of Nursing indicated the call light was out of reach and it should be in the resident's reach.The clinical record for Resident 28 was reviewed on 6/11/26 at 10:33 a.m. The diagnoses included, but were not limited to, hypertension, Guillan-Barre Syndrome (a rare autoimmune disorder where the immune system mistakenly attacks the peripheral nerves), and type 2 diabetes. A fall note, dated 3/27/26, indicated the resident was found on the floor in his room.An interdisciplinary team note, dated 3/30/26, indicated the resident had an unwitnessed fall on 3/27/26 at 11:35 p.m. The resident rolled out of his bed and onto the floor. The intervention placed was for a mattress to be put on the floor when Resident 28 was in bed.A care plan, dated 3/3/26, indicated Resident 28 was at risk for falls. Interventions included but were not limited to, the call light was to be in reach, and a mattress was to be placed on the floor next to the bed when the bed was occupied by the resident. A current facility policy, titled Comprehensive Care Plan Guideline, dated as last reviewed 12/10/25 and received from the Clinical Support Nurse on 6/11/26 at 12:06 p.m., indicated, .To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines 410 IAC (Indiana Administrative Code) 16.2-3.1-45(a)(2)

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