STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155593	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 08/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA MASONIC HOME INC	690 S STATE ST FRANKLIN, IN 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 08/01/12 Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430 Surveyor: Dennis Austill, Life Safety Code Supervisor At this Quality Assurance Walk-thru survey, Indiana Masonic Home Inc. was found not in compliance with 410 IAC 16.2-3.1-19(ff) This three story facility with a basement was determined to be of Type I (332) construction and was fully sprinklered except for the areas noted. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridors. The facility has 130 resident rooms with hard wired smoke detectors and 12 resident rooms with battery operated smoke detectors. The certified portion of the facility has a capacity of 173 and had a census of 132 at the time of this survey.	K0000	The submission of this plan of correction does not indicate an admission by the Indiana Masonic Home, Inc. (the "Facility") that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of the Indiana Masonic Home, Inc. This facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 16/17 programs.) To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of stature only.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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	The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with smoke detector coverage. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except the D/E wing elevator room and the D wing fire alarm panel room. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K9999	State Findings 3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS 3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012. (3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012. This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practice could affect any resident, staff or visitor in the facility. Findings include:	K9999	F282It shall be the policy of the Indiana Masonic Home, Inc. to ensure all areas are fully sprinkled and provided with adequate smoke detector coverage (for a Type I -332-construction) consistent with current regulatory requirements.I-IV) The basement elevator machine room between Units "D" and "E" and the basement fire panel room on Unit "D" will be sprinkled.Responsible: Director of FacilitiesCompliance Date: 8/30/12	08/30/2012

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	Based on observation with the Maintenance Supervisor on 08/01/12 between 9:45 a.m. and 12:00 p.m., the basement elevator machine room between D and E wings and the basement fire alarm panel room on D wing were not sprinklered. Based on interview during the time of observation, the Maintenance Supervisor acknowledged the D/E wing basement elevator machine room and basement D wing fire alarm panel room were not sprinklered. 3.1-19(ff)			