

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 10/03/2012
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NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 690 S STATE ST FRANKLIN, IN 46131
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey with a Post Survey Revisit to the Quality Assurance Walk-thru survey conducted on 08/01/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/03/12</p> <p>Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Masonic Home Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story facility with a basement was determined to be of Type I (332) construction and fully sprinklered. The facility has a fire alarm system with</p>	K0000	<p>The submission of this plan of correction does not constitute 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/or 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.</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 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.

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	<p>smoke detection on all levels including the corridors, spaces open to the corridors, hard wired smoke detectors in resident room 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344 and battery operated smoke detectors in resident rooms 263, 265, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276. The facility has a capacity of 173 and had a census of 135 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and with smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility had five buildings providing facility services which were not sprinklered: the new</p>			

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	<p>maintenance building, the storage building, the barn, the laundry building, and the power house.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0025 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observations and interview, the facility failed to ensure 9 of 36 attic smoke barriers were constructed to provide at least a one half hour fire resistance rating. This deficient practice affects 96 residents who reside on the 1E and 1D Halls, 12 residents who reside on the TCU Hall, and 65 residents who reside on the 300 Hall.</p> <p>Findings include:</p> <p>Based on observation with the director of plant operations and maintenance supervisor on 10/03/12 from 10:00 a.m. to 3:45 p.m., the following smoke barrier walls above the drop ceiling assembly had penetrations which were not fire stopped or were missing drywall:</p> <p>a. The Administration Hall smoke barrier wall by the chapel had a two inch gap around a three inch sewer pipe penetration which was not fire stopped.</p>	K0025	It shall be the policy of the Indiana Masonic Home, Inc. to ensure all smoke barriers are constructed with at least one half (1/2) hour of smoke resistance rating and in accordance with current regulatory requirements (8.3).I-IV) All smoke barriers penetrations will be sealed with the proper materials to insure at least one half (1/2) hour of smoke resistance rating. Responsible: Director of Facilities Compliance Date: 11/02/12	11/02/2012			

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	<p>b. The 1E Hall smoke barrier wall leading into the chapel had three inch circular area with no drywall and a six inch area around a small diameter computer cable which was not firestopped.</p> <p>c. The 1E Hall to 1D Hall smoke barrier wall had a three inch diameter area in the center of the wall with no drywall.</p> <p>d. The 1E Hall smoke barrier wall by room 176 had a three inch diameter area in the center of the wall with no drywall.</p> <p>e. The 1E Hall smoke barrier wall by room 183 had a three inch plastic conduit open on both ends, and a one inch gap around the new sprinkler piping penetration with no fire stopping material.</p> <p>f. The 1D Hall smoke barrier wall by room 126 had a three inch diameter area in the center of the wall with no drywall.</p> <p>g. The 1D Hall smoke barrier wall by room 105 had a two inch gap around a sprinkler pipe penetration and a one inch gap around a cable bundle with no fire stopping material.</p> <p>h. The TCU Main Hall smoke barrier wall had a four inch by four inch square area in the center of the wall with no drywall and a one inch gap around a cable bundle with no fire stopping material.</p> <p>i. The TCU A Hall smoke barrier wall by the dining room had six, one inch gaps around electric conduit penetrations with no fire stopping material.</p>			

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	<p>The nine smoke barriers above the drop ceiling assembly with missing drywall and gaps with no fire stopping was verified by the director of plant operations and the maintenance supervisor at the time of observations.</p> <p>3.1-19(b)</p>			