STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/06/2026

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey date: February 5 and 6, 2026 Facility Number: 013460 Residential Census: 46 Indiana Masonic Home INC was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed February 9, 2026.	R 0000		
R 0275	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(h) (h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires. Based on interview and record	R 0275		02/11/2026

review, the facility failed to ensure a physician's diet order was obtained at the time of admission for 1 of 7 residents reviewed for diet orders. (Resident 25)

Finding includes:

Resident 25's clinical record was reviewed on 2/5/26 at 11:00 a.m. The diagnosis included, but was not limited to, dementia.

The clinical record lacked a physician's diet order.

On 2/6/26 at 12:20 p.m., the Wellness Coordinator provided a copy of Resident 25's physician's diet order. A review of the document indicated, "...order date: 2/5/26...verbal physician order...regular diet..."

During an interview on 2/6/26 at 12:30 p.m., the Wellness Coordinator indicated Resident 25's clinical record lacked a physician's diet order until 2/5/26. A diet order should have been obtained at the time she was admitted to the facility.

On 2/6/26 at 10:40 a.m., the Executive Director provided a copy of the IMH at Compass Park Nursing Policy: Admission Orders policy, dated July 2024, and indicated it was the current policy in use by the facility. A review of the document

	indicated, "...A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility...the written and/or verbal orders should include at a minimum...dietary...the orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission..."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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