STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155593	A. BUILDING -- B. WING	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMPASS PARK	800 FREEMASON PARKWAY FRANKLIN, IN 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED 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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 10/07/24 Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430 At this Emergency Preparedness survey, Compass Park was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 167 certified beds. At the time of the survey, the census was 142. Quality Review completed on 10/09/24	E 0000	Indiana Masonic Home Credible Allegation of Compliance The submission of this plan of correction does not indicate an admission by the Indiana Masonic Home, Inc (the “facility”) that the findings and allegation 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. To this end, the 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.	
K 0000 Bldg. 04	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).	K 0000	Indiana Masonic Home Credible Allegation of Compliance The submission of this plan of correction does not indicate an admission by the Indiana Masonic	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
William Pierce	Administrator	10/18/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	155593	A. BUILDING 04 B. WING	10/07/2024

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	Survey Date: 10/07/24 Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430 At this Life Safety Code survey, Compass Park was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 04 was surveyed using Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This two-story facility was determined to be of Type II (111) construction and fully sprinklered except for the attic which was constructed of non-combustible or limited combustible materials. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 167 and had a census of 142 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 10/09/24		Home, Inc (the "facility") that the findings and allegation 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. To this end, the 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.	
K 0345 SS=C Bldg. 04	NFPA 101 Fire Alarm System - Testing and Maintenance Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101-2012 edition, Sections 19.3.4 and 9.6 and NFPA 72	K 0345	1 No residents were found to be affected by the deficient practice. 2 All residents were serviced by the Fire Alarm System with the	10/07/2024

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	- 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff, and visitors in the facility. Findings include: Based on observation of the fire alarm control panel on 10/07/24 at 1:22 p.m. during a tour of the facility with the Campus C.E.O. and the Maintenance Director, the time and date on the fire alarm control panel was incorrect. The display on the main fire alarm control panel indicated the date and time to be 01/15/19 and 12:39 p.m. Based on interview at the time of observation, the Maintenance Director indicated he was unaware of the discrepancy and would contact the alarm company to have the displayed date and time updated on the fire alarm control panel. This finding was reviewed with the Campus C.E.O. and the Maintenance Director at the exit conference.		potential to be affected. 3 The maintenance department addressed the time and date set issue with the Fire Alarm System service provider on the day of survey (10/7/2024). The Plant and Maintenance Director was guided by the service provider through the process for correcting the time and date, that was incorrect due to a previous backup battery replacement. The date and time was updated to be current (*ATTACHMENT A*) showing images of updated alarm panel date and time at the time image was captured). 4 The Plant and Maintenance Director and designee are now able to update the time and date when necessary. The Plant and Maintenance Director and designee will monitor the date and time indicated on the fire alarm system panel remains correct, during monthly fire drill activations, routine alarm panel system service, and alarm panel trouble alerts.	
K 0712 SS=F Bldg. 04	NFPA 101 Fire Drills Based on record review and interview, the facility failed to ensure 12 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of	K 0712	1 No residents were found to be affected by the deficient practice. 2 All residents are serviced by the Fire Alarm System with the potential to be affected. 3 The Plant and Maintenance	10/16/2024

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	a fire alarm signal and simulation of emergency fire conditions. This deficient practice could affect all residents, staff, and visitors in the facility. Findings include: Based on record review of the monthly fire drills reports with the Campus C.E.O. and the Maintenance Director on 10/07/24 at 11:01 a.m., the fire drill forms had no documentation to indicate the transmission of the fire alarm signal being received at the monitoring company. Based on interview at the time of record review, the Maintenance Director indicated that he was unaware of the necessity to document the transmission of the fire alarm signal being received at the monitoring company adding that he would have this item added to his monthly fire drill documentation immediately. This finding was reviewed with the Campus C.E.O. and the Maintenance Director at the exit conference. 3.1-19(b) 3.1-51(c)		Director has amended the Fire Drill tracking form to include the transmission time the fire alarm signal was activated, and alarm signal received by the fire alarm monitoring company (ATTACHMENT B). 4 The facility Exercises, Drills, and Simulation Policy that details the Fire Drill process, was updated on 10/15/24, item d. g. (ATTACHMENT C) stating: “Fire drills conducted between 6am and 9pm, documentation will include the transmission verification of a fire alarm signal being received by the monitoring station provider. The plant and maintenance designee conducting the fire drill will record the transmission verification on the fire drill event document. “ The Plant and Maintenance Director maintains fire drill documentation and will be responsible for monitoring that the documented drill includes the transmission verification to the monitoring station provider.	
K 0923 SS=E Bldg. 04	NFPA 101 Gas Equipment - Cylinder and Container Storag Based on observation and interview, the facility failed to ensure 2 of 4 cylinders of nonflammable gases such as oxygen, were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1	K 0923	1 1. No residents were found to be affected by the deficient practice. 2 2. Multiple facility residents had the potential to be affected by the deficient practice due to the location of the oxygen storage room location.	10/16/2024

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	through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect as many as 18 residents, 4 staff, and 2 visitors. Findings include: Based on observations made on 10/07/24 at 1:47 p.m. during a tour of the facility with the Campus C.E.O. and the Maintenance Director, two small green 'E' type oxygen cylinders were standing upright on the floor in the rear of the oxygen storage and transfilling room located on the first floor of the facility. Neither of these E cylinders were properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of observation, Maintenance Director acknowledged the two 'E' type oxygen cylinders in the aforementioned oxygen storage and transfilling room were not properly chained or supported in a proper cylinder stand or cart. This finding was reviewed with the Campus C.E.O. and the Maintenance Director at the exit conference. 3.1-19(b)		3 3. The 2 cylinders identified in this finding were not facility property and were owned by an area hospice provider that failed to pick up the cylinders when patient specific services had ended. The hospice provider was contacted, and notified the 2 cylinders must be removed immediately. The hospice provider complied and removed the 2 cylinders from the facility on 10/15/2024 (ATTACHMENT D & E). 4 4. Maintenance staff will submit a weekly inspection check list (ATTACHMENT F) to the facility administrator showing the oxygen room was visually inspected that gas cylinders are properly chained or supported on a cylinder stand or cart to prevent accidental falls or incidents. A completed weekly audit was again conducted on 10/16/2024 with results submitted to the facility administrator (ATTACHMENT G). The plant and maintenance department designee will inform the facility Administrator of the inspection result findings, for reporting to facility QAPI committee. Additionally the respiratory supply provider used by the facility, was requested to monitor for unsecured cylinders when refilling oxygen tanks and completing visual inventory of respiratory equipment in the 2 oxygen supply rooms.	