

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155593		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/20/2023	
NAME OF PROVIDER OR SUPPLIER COMPASS PARK				STREET ADDRESS, CITY, STATE, ZIP COD 800 FREEMASON PARKWAY FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/20/23</p> <p>Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430</p> <p>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.</p> <p>The facility has 167 certified beds. At the time of the survey, the census was 142.</p> <p>Quality Review completed on 11/21/23</p>			E 0000			
K 0000 Bldg. 04	<p>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).</p> <p>Survey Date: 11/20/23</p> <p>Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430</p> <p>At this Life Safety Code survey, Compass Park was found not in compliance with Requirements</p>			K 0000	<p>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</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

William Pierce

Administrator

12/06/2023

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 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 30 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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K 0363 SS=E Bldg. 04	<p>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.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 11/21/23</p> <p>NFPA 101 Corridor - Doors Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is</p>				<p>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.</p>		

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	<p>applied.</p> <p>There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted.</p> <p>18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure corridor doors to 1 of 161 resident sleeping rooms had no impediment to closing, latching into the door frame and would resist the passage of smoke. This deficient practice could affect over 9 residents, staff and visitors in the vicinity of resident sleeping Room 2108 on the second floor.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Director of Facilities during a tour of the facility from 12:50 p.m. to 3:45 p.m. on 11/20/23, the two hooks on the clothes hanger hung of the top of the corridor door to resident sleeping Room 2108 on the room side of the door prevented the door from closing and latching into the door frame when tested to close multiple times. The two hooks kept hitting the door frame near the top of the door and prevented the door from fully swinging to close and latch into the door frame. Based on interview at the time of the observations, the Director of Facilities agreed the aforementioned corridor door had an impediment to closing and latching into the door frame and would not resist the passage of smoke.</p>			K 0363	<p>1 No residents were found to be affected by the deficient practice.</p> <p>2 Multiple facility residents had the potential to be affected by the deficient practice due to the location of resident room 2108.</p> <p>3 The maintenance department will visually inspect corridor doors weekly for 2 months, bi-weekly for 2 months, then monthly for 2 months (collectively for 6 months). This inspection will be completed simultaneously when the power strip inspection is being completed. Inspection will include observing corridor doors for obstructions or barriers that prevent the door from closing, and inspection that the door will close and latch when pulled to door frame. Corridor doors found with an obstruction or unable to latch when closed, will be repaired/adjusted, and noted on the door inspection/ power strip</p>		12/06/2023

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K 0920 SS=E Bldg. 04	<p>These findings were reviewed with the Administrator and the Director of Facilities during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p>		<p>inspection form (see Attachment A, B, C).</p> <p>4 Maintenance staff will submit weekly then monthly the door inspection check lists (see Attachment A) to the Director of Maintenance who will review the inspection form(s) and monitor compliance for 6 months. The Director of Maintenance will inform the facility Administrator of the inspection results for reporting to the facility QAPI committee.</p>		

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	<p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 extension cords including power strips were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect over 10 residents, staff and visitors in the vicinity of Room 2123 near the second floor nurse's station.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Director of Facilities during a tour of the facility from 12:50 p.m. to 3:45 p.m. on 11/20/23, a power strip was plugged into a power strip which were both placed on the floor of the Nursing Office identified as Room 2123 at the second floor nurse's station. Computer and office equipment were plugged into each of the power strips which were both identified as UL 1363A. Based on interview at the time of the observations, the Director of Facilities agreed power strips were being used as a substitute for fixed wiring in the aforementioned room.</p> <p>These findings were reviewed with the Administrator and the Director of Facilities during the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>1 No residents were found to be affected by the deficient practice.</p> <p>2 Multiple facility residents had the potential to be affected by the deficient practice due to the location of the office where the medical rated power strips were located.</p> <p>3 The maintenance department will visually inspect resident rooms and offices where medical grade UL listed electrical surge protectors are located. This inspection will be completed simultaneously when the corridor doors are being inspected. The electrical power strip inspection will ensure that all surge protectors in use are UL 1363A or UL 60601-1 type provided by the facility, are not used as a substitute for fixed wiring, and are not connected to a separate surge protector. Visual inspections will be conducted weekly for 2 months, bi-weekly for 2 months, then monthly for 2 months (collectively for 6 months). Inspection will be documented on the door inspection/ power strip form (see Attachment A, B, C). Additionally, the office staff in the facility have been instructed to complete a visual inspection of their work area to help ensure surge protectors they may have in their workspace are not used as a</p>		12/06/2023

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			substitute for fixed wiring and separate surge protectors are not connected to another surge protector (see Attachment D). 4 Maintenance staff will submit weekly/monthly inspection check lists (see Attachment A, B, C) to the Director of Maintenance who will review the inspection form(s) and monitor compliance for 6 months. The Director of Maintenance will inform the facility Administrator of the inspection results for reporting to facility QAPI committee.		