

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 08/11/2025
NAME OF PROVIDER OR SUPPLIER Compass Park		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Freemason Parkway Franklin, IN 46131	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview, and record review, the facility failed to ensure privacy was provided during personal care for 1 of 7 residents observed for personal care. (Resident 137) Finding includes: On 8/4/25 at 11:50 a.m., the clinical record for Resident 137 was reviewed. The diagnosis included, but was not limited to, idiopathic pulmonary fibrosis (a chronic progressive lung disease that causes irreversible scarring in the lungs). The clinical record indicated on 10/18/24 Resident 137 elected to receive hospice care. On 8/4/25 at 11:33 a.m. observed Resident 137's door half open. Resident 137 was receiving incontinent care. Resident 137 was lying in bed positioned on his right side facing the wall while CNA 2 was holding the resident in place with one hand and cleaning Resident 137's coccyx with the other hand. During an interview on 8/4/25 at 11:38 a.m., RN 3 indicated that the door should not be open when providing incontinence care. During an interview on 8/6/25 at 11:18 a.m., the Director of Nursing indicated privacy should be provided with the closing of the resident's door during personal care. On 8/6/25 at 2:50 p.m., the Director of Nursing provided a policy titled Promoting/Maintaining Resident Dignity, review date of July 2024, and indicated it was the current policy in use by facility. A review of the policy indicated, Compliance Guidelines 12. Maintain resident privacy. 3.1-3(p)(4)</p>

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.

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