

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

PRINTED: 02/10/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 01/27/2025	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/27/25</p> <p>Facility Number: 000468 Provider Number: 155378 AIM Number: 100290270</p> <p>At this Emergency Preparedness survey, Signature Healthcare at Parkwood 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 106 certified beds. At the time of the survey, the census was 88.</p> <p>Quality Review conducted on 01/29/25</p>		E 0000	<p>Preparation and/or execution of this plan of correction in general, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility requests desk review.</p>			
K 0000 Bldg. 01	<p>A Life Safety Code and Pre-Occupancy Survey for a bed relocation was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). The following rooms were converted from semi-private to private: resident rooms 61, 62, 63, 68, 69, and 70. Also, the following rooms were converted from private to semi-private: rooms 21, 25, 27, and 53. Finally, room 64 was converted from a Training room to a private room and room 51 was converted from facility storage to a semi-private room.</p>		K 0000	<p>Preparation and/or execution of this plan of correction in general, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility requests desk review.</p>			

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

TITLE

(X6) DATE

Jennifer Lazar

Administrator

02/05/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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 0200 SS=E Bldg. 01	<p>Survey Date: 01/27/25</p> <p>Facility Number: 000468 Provider Number: 155378 AIM Number: 100290270</p> <p>At this Pre-occupancy survey, Signature Healthcare at Parkwood 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors hard wired smoke detectors in ten resident rooms on Maplewood Hall and battery powered smoke detectors in all other resident sleeping rooms. The facility has a capacity of 106 and had a census of 88 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review conducted on 01/29/25</p> <p>NFPA 101 Means of Egress Requirements - Other</p> <p>Based on observation and interview, the facility failed to ensure 1 of 70 resident room doors was provided with a door latch that required only one operation to open. LSC 19.2.2.1 states doors complying with 7.2.1 shall be permitted.</p>			K 0200	<p>K 0200: Means of Egress Requirement:</p> <p>1. The dead bolt locking</p>		01/29/2025

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K 9999 Bldg. 01	<p>7.2.1.5.10.2 requires the releasing mechanism shall open the door leaf with not more than one releasing operation. This deficient practice could affect as many as 2 residents.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Director of Plant Operations on 01/27/25 at 11:01 a.m., the corridor door to resident room 64 was equipped with an independent dead bolt in addition to the doorknob. Based on interview at the time of observation, The Director of Plant Operations acknowledged resident room 64 door having an independent dead bolt as well as a door handle with a latching mechanism adding that he was having a Locksmith come in and remove the dead bolt locking mechanism within the next 48 hours to rectify the issue.</p> <p>This item was discussed with the DPO and the facility Administrator during the exit conference on 01/27/25.</p> <p>3.1-19(b)</p>			K 9999	<p>mechanism was removed from door to resident room 64.</p> <p>2. No residents had the potential to be harmed by alleged deficiency. Facility audited to ensure all corridor doors to residents' rooms were equipped with a door latch that required only one operation to open.</p> <p>3. Staff re-educated on that all resident room doors are provided with a door latch that requires only one operation to open.</p> <p>4. Director of Plants Ops/or Designee will monitor facility to ensure all resident room doors are provided with a door latch that requires only one operation to open weekly for 4 weeks, then monthly for 4 months or until compliance achieved. Results will be reported to the QAPI Committee for trending and tracking.</p>		01/29/2025
	<p>Based on observation and interview, the facility failed to provide a privacy curtain in 1 of over 50 dual occupancy resident rooms. The State Operations Manual at:</p> <p>§483.90(e)(1)(iv) Be designed or equipped to assure full visual privacy for each resident;</p> <p>§483.90(e)(1)(v) In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which</p>				<p>1. The privacy curtain in resident room 21 has been installed.</p> <p>2. No residents had the potential to be harmed by alleged deficiency. Facility audited to ensure all dual occupancy rooms had privacy curtain installed and functioning properly.</p>		

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	<p>extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. GUIDANCE: §483.90(e)(1)(iv) and (e)(1)(v) "Full visual privacy" means that residents have a means of completely withdrawing from public view, without staff assistance, while occupying their bed (e.g., curtain, moveable screens, private room). The guidelines do not intend to limit the provisions of privacy to solely one or more curtains, movable screens or a private room. Facility operators are free to use other means to provide full visual privacy, with those means varying according to the needs and requests of residents. However, the requirement explicitly states that bedrooms must "be designed or equipped to assure full visual privacy for each resident." For example, a resident with a bed by the window cannot be required to remain out of his or her room while his/her roommate is having a dressing change. Room design or equipment must provide privacy. The term "initially certified" is defined as all newly certified nursing facilities (NFs) or SNFs as well as NFs and SNFs which re-enter the Medicare or Medicaid programs, whether they voluntarily or involuntarily left the program after March 31, 1992. It is not necessary for the bed to be accessible from both sides when the privacy curtain is pulled. Additional guidance is available in the National Fire Protection Association's Life Safety Code 101 (NFPA 101, 2012 ed.), 18/19.7.5.1, 18/19.3.5.11, which is Tag K751 of the Life Safety Code Survey. This deficient practice would affect as many 2 residents.</p> <p>Findings include:</p> <p>Based on observations made on 01/27/25 at 10:31 a.m. during a tour of the facility with the Director of Plant Operations (DPO), the facility failed to</p>				<p>3. Staff re-educated on that all dual occupancy resident rooms must have privacy curtain in place.</p> <p>4. Director of Plants Ops/or Designee will monitor facility to ensure all dual occupancy rooms have privacy curtain installed and functioning properly weekly for 4 weeks, then monthly for 4 months or until compliance achieved. Results will be reported to the QAPI Committee for trending and tracking.</p>		

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	provide a privacy curtain in resident room 21, a dual occupancy room. Based on an interview at the time of the observation, the DPO advised that this room was not ready for the survey due to miscommunication between the facility Home Office and The Indiana Department of Health. The DPO further added that he had the privacy curtains in house, but because of the confusion, did not know if they needed to be installed. This item was discussed with the DPO and the facility Administrator during the exit conference on 01/27/25.						