STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155378	A. BUILDING _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE AT PARKWOOD	**1001 N GRANT ST LEBANON, IN 46052**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaints IN00455382, IN00455745 and IN00461380.

Complaint IN00455382 - No deficiencies related to the allegations are cited.

Complaint IN00455745 - No deficiencies related to the allegations are cited.

Complaint IN00461380 - No deficiencies related to the allegations are cited.

Survey dates: June 12 and 13, 2025.

Facility number: 000468
Provider number: 155378
AIM number: 100290270

Census Bed Type:
SNF/NF: 92
Total: 92

Census Payor Type:
Medicare: 4
Medicaid: 79
Other: 9
Total: 92

Signature Healthcare at Parkwood was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00455382, IN00455745 and IN00461380.

Quality review was completed on June 17, 2025.

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