

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

PRINTED: 04/17/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155242		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 03/26/2024	
NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MUNCIE				STREET ADDRESS, CITY, STATE, ZIP COD 4301 N WALNUT ST MUNCIE, IN 47303			
(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
K 0000  Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/22/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).  Survey Date: 03/26/24  Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200  At this Life Safety Code Survey, Signature Healthcare of Muncie was found not in compliance with the Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.90(a).  The facility has 140 certified beds. At the time of survey the census was 123.  Quality Review completed on 03/28/24			K 0000	It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law. Signature HealthCARE of Muncie (SCHM) respectfully requests that this CMS-2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post-survey review on, or after April 11, 2024.		
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system test						

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

TITLE

(X6) DATE

Eric P. Ahlbrand

CEO-Administrator

04/14/2024

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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	<p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to maintain 1 of 2 sprinkler systems in accordance with 19.3.5.3. NFPA 25, 2011 Edition, 14.2.1 states except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Plant Manager (PM) on 03/26/24 at 12:50 p.m., the internal inspection of piping documentation from Koorsen Fire and Security for the West System, dated 03/07/24, documented that there was no significant foreign material present but the East system will need obstruction investigation to assess the system condition. The PM stated the facility is in the process of completing the investigation which is scheduled for 04/08/24.</p> <p>This deficiency was cited on 02/22/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This finding was reviewed with the Administrator and PM at the exit conference.</p>			K 0353	<p>/p&gt; <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> The 5-Year Internal Inspection of Sprinkler Piping and Valves was scheduled for March 7, 2024 previous to LSC survey. Ryan Fire Protection, Inc. performed inspection as scheduled and the report is attached. Noted east dry system deficiency scheduled for resolution on March 15, 2024.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> Alleged deficiency has the potential to affect residents on the east end of facility. Ryan Fire Protection, Inc. performed the 5-year inspection as scheduled and required (report is attached). Noted east dry system deficiency scheduled for resolution beginning the week of April 8, 2024. Said resolution was completed on April 11, 2024. Evidence is attached to this Plan of Correction.</p>		04/11/2024

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	3.1-19(b)		<p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</b> The 5-Year Internal Inspection of Sprinkler Piping and Valves requirement is acknowledged and subsequent repairs will be completed as required per standard Preventive Maintenance (PM) program.</p> <p>/p&gt; <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> The monitoring of this specific requirement is a part of the SHCM PM program and executed monthly. Relative to this specific requirement, the Plant Operations team will inspect for operational effectiveness WEEKLY for one (1) month (OR until substantial compliance is achieved) and then every three (3) months per standard PM program as well as state and federal requirements. The entire PM program is part of the agenda of the monthly Safety Committee, chaired by the Plant Operations Director. Safety Committee minutes are reviewed in the monthly QAPI meeting chaired by the CEO. Corrective action needed to ensure compliance will be addressed immediately.</p>		

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					<p>The facility will ensure the sprinkler system operates as designed, receives an unobstructed flow of water, and is maintained accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. With evidence of the presence of sufficient material to potentially obstruct pipe or sprinklers, a complete flushing program shall be conducted by qualified personnel. The facility will ensure issues are addressed promptly when identified. Inspection, test, and maintenance records will be available for review. Ongoing, the Administrator or designee will monitor the sprinkler system inspection, tests, and maintenance documentation to ensure continued compliance. Results of the monitoring will be reviewed during the facility's Quality Assurance meeting; monitoring will be ongoing.</p>		