PRINTED: 04/17/2024 FORM APPROVED OMB NO. 0938-039

CENTERS FOR	R MEDICARE & MEDIC	AID SERVICES			OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155242		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY			
		IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED		
		B. WING		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	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)		
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION		
TAG	`		TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE DATE		
K 0000	REGULATORT OR	LSC IDENTIFYING INFORMATION	TAU		DATE		
K 0353 SS=F 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 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,		K 0000	It is the practice of this providensure that federal participating requirements for nursing home participating in Medicare &/or Medicaid programs are met in accordance with federal and law. Signature HealthCARE of Mu (SCHM) respectfully requests this CMS-2567 Plan of Correction be considered the Letter of Credible Allegatic Compliance and requests a creview in lieu of a post-survey review on, or after April 11, 2	ion nes n state uncie s that ion of desk		
	Water-based Fire Records of systen inspection and tes secure location ar a) Date sprinkler	Protection Systems. In design, maintenance, Isting are maintained in a Ind readily available. System last checked					
I	h) Who provided	evetem teet	I				

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

TITLE (X6) DATE

Eric P. Ahlbrand CEO-Administrator 04/14/2024

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
	c) Water system supply source Provide in REMARKS information on						
	coverage for any r	non-required or partial					
	automatic sprinkle						
	9.7.5, 9.7.7, 9.7.8,	and NFPA 25					
	Based on record rev	view and interview, the facility	K 0353		/p>		04/11/2024
	failed to maintain 1 of 2 sprinkler systems in				What corrective action(s) will		
		.3.5.3. NFPA 25, 2011 Edition,			be accomplished for those		
	_	as discussed in 14.2.1.1 and			residents found to have been	n	
	_	on of piping and branch line			affected by the deficient		
	conditions shall be conducted every 5 years by				practice: The 5-Year Internal		
	opening a flushing connection at the end of one				Inspection of Sprinkler Piping	I	
	main and by removing a sprinkler toward the end				Valves was scheduled for Mai	I	
	of one branch line for the purpose of inspecting				7, 2024 previous to LSC surve	∋у.	
	for the presence of foreign organic and inorganic				Ryan Fire Protection, Inc.		
	material. This deficient practice could affect all				performed inspection as		
	occupants.				scheduled and the report is attached. Noted east dry syste		
	Eindings includes			deficiency scheduled for re			
	Findings include:				on March 15, 2024.	ulion	
	Based on record review with the Plant Manager				5 Maion 10, 2024.		
	(PM) on 03/26/24 at 12:50 p.m., the internal				How other residents having	the	
	inspection of piping documentation from Koorsen				potential to be affected by the		
	Fire and Security for the West System, dated				same deficient practice will l		
	03/07/24, documented that there was no				identified and what correctiv		
	significant foreign material present but the East				action(s) will be taken: Allege	ed	
	system will need obstruction investigation to				deficiency has the potential to		
	assess the system condition. The PM stated the				affect residents on the east end of		
	facility is in the process of completing the				facility. Ryan Fire Protection, Inc.		
	investigation which	is scheduled for 04/08/24.			performed the 5-year inspection		
					scheduled and required (repo		
	This deficiency was cited on 02/22/24. The facility			attached). Noted east			
	-	a systemic plan of correction			deficiency scheduled for resol	·	
	to prevent recurrence.				beginning the week of April 8,		
	TEL: C 1:	the state of the state of		2024. Said resolution was			
		viewed with the Administrator			completed on April 11, 2024.	.	
	and PM at the exit conference.				Evidence is attached to this P	lan	
				of Correction.			

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Event ID:

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

PRINTED: 04/17/2024 FORM APPROVED OMB NO. 0938-039

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: VYXV22 Facility ID: 000146

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

PRINTED: 04/17/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	a. building <u>01</u>		01	COMPLETED	
155242		B. W	ING		03/26	/2024	
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER			4301 N	WALNUT ST		
SIGNATU	JRE HEALTHCARE	OF MUNCIE		MUNCI	E, IN 47303		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PROVIDERS PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG DEFICIENCY)			DATE	
					The facility will ensure the		
					sprinkler system operates as		
					designed, receives an		
				unobstructed flow of water			
					maintained accordance with N		
					25, Standard for the Inspectio	n,	
			Testing, and Maintenance of Water-Based Fire Protection				
					Systems. With evidence of th		
			presence of sufficient material to				
			potentially obstruct pipe or				
					sprinklers, a complete flushing	r	
					program shall be conducted b	-	
					qualified personnel. The facilit	•	
					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 t		
					ensure continued compliance		
					Results of the monitoring will	be	
					reviewed during the facility's		
					Quality Assurance meeting;		
				monitoring will be ongoing.			

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