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	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SIGNATURE HEALTHCARE AT PARKWOOD	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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 03/19/24 Facility Number: 000468 Provider Number: 155378 AIM Number: 100290270 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 The facility has 106 certified beds. At the time of the survey, the census was 85. Quality Review completed on 03/21/24	E 0000	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.	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 03/19/24 Facility Number: 000468 Provider Number: 155378 AIM Number: 100290270 At this Life Safety Code survey, Signature	K 0000	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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Lazar (Hurt)	Administrator	04/01/2024

Any defiencystatement 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 disclo 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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	155378	A. BUILDING 01 B. WING	03/19/2024

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	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. 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 85 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 03/21/24		Facility requests desk review.	
K 0351 SS=E Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.			

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	In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 kitchen cooler in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect as many as 6 staff. Findings include: Based on observation with the Director of Plant Operations and the visiting Director of Plant Operations in-training on 03/19/24 at 12:07 p.m., the kitchen cooler contained numerous plastic boxes of food stacked up on shelves. Several of the plastic boxes were stacked so high as to come within four inches from the deflector on the sprinkler head. These items stored so close to the cooler sprinkler head would obstruct the spray pattern of the sprinkler head located therein. Based on interview at the time of the observation, the Director of Plant Operations acknowledged	K 0351	1. Item in walk-in cooler replaced on a shelf that was at least 18" away from the sprinkler head. 2. No residents had the potential to be harmed by alleged deficiency. Facility audited to ensure all items placed/stored at least 18" from all sprinkler heads. 3. Staff re-educated on sprinkler head spray pattern and all items to be placed/stored at least 18" from sprinkler head. 4. Director of Plants Ops/ or Designee will monitor facility for all items placed/stored 18" under sprinkler heads three times weekly for 4 weeks, then one time weekly for 4 weeks, then monthly thereafter or until compliance achieved. Results will be reported to the QAPI Committee for trending and tracking.	03/28/2024

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	the aforementioned condition, gave the above listed measurement, and stated that he would have an in-service for kitchen staff to prevent this from happening in the future. This item was again discussed at the exit conference on 03/19/24 with the Director of Plant Operations and the visiting Director of Plant Operations in-training. 3.1-19(b)			