STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155474	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Bremen	316 Woodies Lane Bremen, IN 46506

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, the facility failed to update a care plan related to communication for 1 of 16 residents whose care plans were reviewed. (Resident 20)Finding includes: During an observation and interview on 5/8/2026 at 11:04 A.M. Resident 20 was in the common area talking to a staff member and indicated he was blind and kind of bored. The staff member offered several types of tactile activities for the resident to do but the resident declined. The resident was not able to make eye contact when spoken to and instead looked off into the distance. A Care Plan Problem, dated 2/11/2026 and revised on 4/8/2026, indicated Resident 20 had difficulty with communication. Interventions included, but were not limited to, the use of alternative communication tools such as, communication book/board, writing pad, signs and gestures. A record review was completed on 5/11/2026 at 3:20 P.M. and indicated Resident 20 had a diagnosis of unqualified visual loss in both eyes. A Quarterly Minimum Data Set (MDS) assessment, dated 4/2/2026, indicated Resident 20 had severe cognitive deficit and severe visual impairment. During an interview on 5/12/2026 at 10:56 A.M., the Clinical Reimbursement Specialist indicated she had completed the most recent MDS assessment and had updated the care plans. She indicated the resident had been able to answer her questions but had not been able to see her when she had completed the assessment. It was unclear why the care plan interventions regarding communication had not been updated to reflect the resident's severely impaired vision. During an interview on 5/12/2026 at 11:01 A.M., QMA 3 indicated she usually worked on the unit on which Resident 20 resided. She indicated Resident 20 was able to see shadows of objects and people near him, but was unable to see pictures or utilize a communication board. A current policy, dated 2/9/2024 and titled, Comprehensive Care Plans was provided on 5/12/2026 at 2:47 P.M. by the ED. The policy indicated, .Each resident's Comprehensive Care Plan is designed to be revised as necessary with changes 410 IAC (Indiana Administrative Code) 16.2- 3 1-35(d)(2)(B)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, record review and interview, the facility failed to ensure the head of the bed was elevated at 30 degrees or above for a resident receiving artificial feeding via tube feeding for 1 of 1 resident reviewed for tube feeding. (Resident 7) Finding includes:During an observation, on 5/11/2026 at 1:18 P.M., Resident 7 was observed lying in bed with the head of the bed less than 30 degrees while his tube feeding was infusing. Resident 7's head was observed to be close to the body elevation.During an observation with LPN 12, on 5/11/2026 at 1:24 P.M., of Resident 7's bed, LPN 12 indicated the head of Resident 7's bed was a little low and not at a 30-degree angle. She indicated the certified nursing assistants (CNA) must have just gotten done changing Resident 7.During an observation and interview, on 5/11/2026 at 1:29 P.M. Occupational Therapist 14 measured the bed angle with a goniometer and the bed frame measured at 12 degrees.A record review for Resident 7 was completed, on 5/11/2026 at 1:40 P.M. Diagnoses included, but were not limited to: persistent vegetative state, tracheostomy and gastronomy status, moderate protein-calorie malnutrition, diffuse traumatic brain injury and quadriplegia.A Quarterly Minimum Data Set (MDS) assessment, dated 2/9/2026, indicated Resident 7 was rarely or never understood, received tube feeding and was dependent with bed mobility.A Physician's Order, dated 4/12/2021, indicated Resident 7's head of the bed should be elevated at 30 degrees every shift.A Care Plan, initiated on 4/9/2021, indicated Resident 7 had a need for a feeding tube. Interventions included, but were not limited to: keep head of bed elevated at least 30 degrees while tube feeding is infusing.A policy was requested, on 5/13/2026 at 11:14 A.M. The Regional Nurse Consultant indicated the facility did not have a policy regarding tube feeding specific to bed positioning.410 IAC (Indiana Administrative Code) 16.2-3.1-44(a)(2)