

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157681 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 01/19/2022 |
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| NAME OF PROVIDER OR SUPPLIER INDIANA SIGNAL HEALTH GROUP SKIL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2013 CHESTER BLVD , RICHMOND, Indiana, 47374 | |
| (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 |
| E0000 | Initial Comments | E0000 | | |
| G0000 | <p>INITIAL COMMENTS</p> <p>This was a desk review survey for the Federal Post Condition Revisit survey completed on 12/14/2021.</p> <p>Desk Review date: 1/19/2022</p> <p>Facility ID: 013593</p> <p>1 of 1 QAPI condition was corrected.</p> <p>Indiana Signal Health Group continues to be precluded from conducting a home health training or competency evaluation program for a period of two years beginning December 14, 2021 through December 13, 2023 for being out of compliance with 484.65 Condition of Participation, Quality Assessment Performance Improvement.</p> <p>QR Completed 1/19/2022 A4</p> | G0000 | | |

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 reverse for further 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.

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