

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 017974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PARK PLACE HEALTH AND WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10820 PARK PLACE SAINT JOHN, IN 46373
--	---

(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) COMPLETE DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code State Licensure Survey that exited on 05/22/2025 was conducted by the Indiana Department of Health.</p> <p>Survey Date: 06/25/2025</p> <p>Facility Number: 017974 Provider Number: NA AIM Number: NA</p> <p>At this PSR, Park Place Health and Wellness Center was found in compliance with Requirements of the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is separated by three distinct buildings identified as Building 1, Building 2, and Building 3. Building 1 (10810 - Faith) is located to the North of the main building. It is a one-story building and was determined to be of Type V (111) construction and fully sprinklered. Building 1 has 10 beds. Building 2 (10820 - Main) is a two-story building and was determined to be of Type II (111) construction and fully sprinklered. Building 2 has 15 beds on the first floor and 15 beds on the second floor. Building 3 (10830 - Hope) is located to the South of the main building. It is a one-story building and was determined to be of Type V (111) construction and fully sprinklered. Building 3 has 10 beds. The facility has smoke detection in corridors and areas open to the corridor. Smoke detectors hard wired to the fire alarm system are installed in all resident rooms. All three buildings have emergency power supplied by a 250-kW diesel-powered generator. The facility has a total</p>	{K 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 017974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE HEALTH AND WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10820 PARK PLACE SAINT JOHN, IN 46373
--	---

(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) COMPLETE DATE
{K 000}	<p>Continued From page 1</p> <p>capacity of 56 beds and had a census of 46 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 06/27/25 A Post Survey Revisit (PSR) to the Life Safety Code State Licensure Survey that exited on 05/22/2025 was conducted by the Indiana Department of Health.</p> <p>Survey Date: 06/25/2025</p> <p>Facility Number: 017974 Provider Number: NA AIM Number: NA</p> <p>At this PSR, Park Place Health and Wellness Center was found in compliance with Requirements of the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is separated by three distinct buildings identified as Building 1, Building 2, and Building 3. Building 1 (10810 - Faith) is located to the North of the main building. It is a one-story building and was determined to be of Type V (111) construction and fully sprinklered. Building 1 has 10 beds. Building 2 (10820 - Main) is a two-story building and was determined to be of Type II (111) construction and fully sprinklered. Building 2 has 15 beds on the first floor and 15 beds on the second floor. Building 3 (10830 - Hope) is located to the South of the main building. It is a one-story building and was determined to be of Type V (111) construction and</p>	{K 000}		

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 017974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PARK PLACE HEALTH AND WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10820 PARK PLACE SAINT JOHN, IN 46373
--	---

(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) COMPLETE DATE
{K 000}	<p>Continued From page 2</p> <p>fully sprinklered. Building 3 has 10 beds. The facility has smoke detection in corridors and areas open to the corridor. Smoke detectors hard wired to the fire alarm system are installed in all resident rooms. All three buildings have emergency power supplied by a 250-kW diesel-powered generator. The facility has a total capacity of 56 beds and had a census of 46 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 06/27/25 A Post Survey Revisit (PSR) to the Life Safety Code State Licensure Survey that exited on 05/22/2025 was conducted by the Indiana Department of Health.</p> <p>Survey Date: 06/25/2025</p> <p>Facility Number: 017974 Provider Number: NA AIM Number: NA</p> <p>At this PSR, Park Place Health and Wellness Center was found in compliance with Requirements of the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is separated by three distinct buildings identified as Building 1, Building 2, and Building 3. Building 1 (10810 - Faith) is located to the North of the main building. It is a one-story building and was determined to be of Type V (111) construction and fully sprinklered. Building 1 has 10 beds. Building 2 (10820 - Main) is a</p>	{K 000}		

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 017974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE HEALTH AND WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10820 PARK PLACE SAINT JOHN, IN 46373
--	---

(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) COMPLETE DATE
{K 000}	<p>Continued From page 3</p> <p>two-story building and was determined to be of Type II (111) construction and fully sprinklered. Building 2 has 15 beds on the first floor and 15 beds on the second floor. Building 3 (10830 - Hope) is located to the South of the main building. It is a one-story building and was determined to be of Type V (111) construction and fully sprinklered. Building 3 has 10 beds. The facility has smoke detection in corridors and areas open to the corridor. Smoke detectors hard wired to the fire alarm system are installed in all resident rooms. All three buildings have emergency power supplied by a 250-kW diesel-powered generator. The facility has a total capacity of 56 beds and had a census of 46 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 06/27/25</p>	{K 000}		