

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155806	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2014
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF WABASH	STREET ADDRESS, CITY, STATE, ZIP CODE 20 JOHN KISSINGER DRIVE WABASH, IN 46992
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(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
K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/16/14</p> <p>Facility Number: 012993 Provider Number: 155806 AIM Number: 201208210</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Wellbrooke of Wabash was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered with the exception of the front canopy at the main entrance. The facility has a fire alarm system with smoke detection in the corridors and in spaces open to the corridors with hard wired smoke detectors in all the resident sleeping rooms. The facility has a capacity of 70 and had a census of 24 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered with the exception of the front canopy at the main entrance. All</p>	K010000		

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

TITLE

(X6) DATE

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.

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K010056 SS=E	<p>areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/21/14.</p> <p>This facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 4 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect any resident, staff and visitor utilizing the front entrance exit.</p>	K010056	<p>This plan of correction is to serve as Wellbrooke of Wabash's credible allegation of compliance. We respectfully request desk review in lieu of survey revisit and allege full compliance as of May 15. The creation and submission of the Plan of Correction does not constitute an admission by Wellbrooke of Wabash of any conclusion set forth in the statement of deficiencies, or of any violation or regulation.</p>	05/16/2014	

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	<p>Findings include:</p> <p>Based on observation on 04/16/14 at 10:00 a.m. with the Executive Director, there was an unsprinklered canopy extending eight feet from the building outside the front entrance. Based on interview at the time of observation, it was acknowledged by the Executive Director the eight foot exit canopy provided for the front entrance was not sprinklered. Based on review of documentation provided by the Executive Director, the canopy was constructed of fire retardant, pressure treated wood, however, the documentation did not indicate the construction materials meet the requirements of Limited-Combustible as defined in NFPA 101, 3.3.118 and the documentation did not demonstrate the construction materials had a potential heat value not exceeding 3500 BTU/lb, where tested in accordance with NFPA 259, Standard Test Method of Potential Heat of Building Materials.</p> <p>3.1-19(b)</p>		<p>K056 NFPA 101 Life Safety Code Standard It is the practice of Wellbrooke of Wabash to provide an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. I. No residents were affected by this alleged deficient practice. II. All residents had the potential to be affected by this alleged deficient practice III. The sprinkler head has been ordered and will be installed by May 16, 2014. IV. The building services director is performing ongoing quality assurance audits of fire safety alarms including sprinkler heads. Results of all audits will be discussed at the centers Quality Assurance Performance Improvement meeting monthly.</p>		