

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/24/2014
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 SOUTH DIXON ROAD KOKOMO, IN 46902
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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>An Initial Life Safety Code Certification 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: 02/24/14</p> <p>Facility Number: 013153 Provider Number: 013153 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Initial Life Safety Code survey, Wellbrooke of Kokomo was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and and 410 IAC 16.2-3.1-19, Environment and Physical standards of the Indiana Health Facilities Rules for Comprehensive care facilities</p> <p>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, hard wired smoked detectors in all resident sleeping rooms</p>	K010000	<p>This plan of correction is to serve as Wellbrooke of Kokomo's credible allegation of compliance. We respectfully request desk review in lieu of survey revisit and allege full compliance as of March 18, 2014. The creation and submission of the Plan of Correction does not constitute an admission by Wellbrooke of Kokomo of any conclusion set forth in the statement of deficiencies, or of any violation or regulation.</p>	

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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	<p>and spaces open to the corridors. The facility has a capacity of 70 and had a census of 0 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered except for an eight foot overhang at the Front entrance which was not sprinklered.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/05/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 2 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> <p>Findings include:</p> <p>Based on observation on 02/24/14 at 11:18 a.m. with the Building Services</p>	K010056	<p>K056 NFPA 101 Life Safety Code Standard It is the practice of Wellbrooke of Kokomo 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. II. No residents have been admitted to the center. III. The sprinkler head was ordered on March 4, 2014 and will be installed on March 18, 2014. IV. The environmental 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>	03/18/2014			

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	<p>Director, there was an unsprinklered canopy extending eight feet from the building outside the front entrance. Based on interview on 02/24/14 at 11:19 a.m. it was acknowledged by the Building Services Director the eight foot exit canopy provided for the front entrance was not sprinklered. The canopy was constructed of wood supports and joists with a sheetrock type panel ceiling and a rubber roof.</p> <p>3.1-19(b)</p>			