

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155819	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2016
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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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K 0000 Bldg. 01	<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: 06/21/16</p> <p>Facility Number: 013153 Provider Number: 155819 AIM Number: 201254360</p> <p>At this Life Safety Code survey, Wellbrooke of Kokomo 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 and 410 IAC 16.2.</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 and spaces open to the corridors. The facility has a capacity of 70 and had a census of 56 at the time of this survey.</p>	K 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Recertification and State Licensure Survey in conjunction with Complaint (IN00197413) Survey on May 12, 2016. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</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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K 0051 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 06/22/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 3 of 18 smoke detectors observed were installed in a</p>	K 0051	Corrective actions accomplished for those residents found to be affected by the alleged deficient	07/21/2016	

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	<p>location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/21/16 during the tour between 12:00 p.m. to 2:30 p.m. with the Maintenance Supervisor, the following smoke detectors were within one and one half feet from a supply air diffuser in the ceiling:</p> <ul style="list-style-type: none"> a. Smoke detector located on 100 hall north next to exit. b. Smoke detector located on 100 hall east next to resident room #125 c. Smoke detector located on 200 hall east next to resident room #231 <p>Based on interview concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned smoke detectors were installed next to supply air diffusers which would interfere with the smoke detector's ability to detect smoke to its fullest capability.</p> <p>3.1-19(b)</p>		<p>practice: The smoke detectors located on 100 hall north next to exit, on 100 hall east next to resident room #125 were moved to at or beyond 3 feet requirement and located on 200 hall east next to resident room #231 were moved to at or beyond 3 feet in order for the smoke detector to function to its fullest capacity.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The other 15 smoke detectors were installed in locations which would allow the smoke detector to function to its fullest capacity.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DPO or designee will ensure smoke detectors are functioning on routine basis How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: Smoke detectors will be reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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