

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2016
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF AVON	STREET ADDRESS, CITY, STATE, ZIP CODE 10307 EAST COUNTY ROAD 100 NORTH INDIANAPOLIS, IN 46234
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K 0000 Bldg. 01	<p>A 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: 01/12/16</p> <p>Facility Number: 013085 Provider Number: 155811 AIM Number: 201279600</p> <p>At this Life Safety Code survey, Wellbrooke of Avon was found not in compliance with Requirements for Participation 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 70</p>	K 0000		

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 0067 SS=D Bldg. 01	<p>and had a census of 52 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed 01/14/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fireplaces were not used in 1 of 5 resident smoke compartment sleeping areas. Exception No. 2 to LSC 18.5.2.2 states fireplaces shall be permitted and used only in areas other than resident sleeping areas, provided that such areas are separated from resident sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of LSC 9.2.2. This deficient practice could affect one resident in Room 102.</p> <p>Findings include:</p> <p>Based on observation with the Director of</p>	K 0067	<p>K067</p> <p>It is the practice of Wellbrooke of Avon to have all heating, ventilating and air conditioning to be installed according to manufacturer's specification.</p> <p>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</p> <p>Resident in 102 has been moved to another room.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>	01/26/2016

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K 0154 SS=C	<p>Plant Operations during a tour of the facility from 11:25 a.m. to 1:00 p.m. on 01/12/16, resident sleeping Room 102 is located in the same smoke compartment as the natural gas fireplace located in the main entrance lobby. The fireplace was operable and in use at the time of the survey. The corridor door to Room 102 had no fire resistance rating label affixed to the door. Based on interview at the time of observation, the Director of Plant Operations acknowledged resident sleeping Room 102 is located in the same smoke compartment as the natural gas fireplace located in the main entrance lobby.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>action will be taken?</p> <p>A building walk through also found room 141 to be in the same smoke compartment. The resident in 141 was also moved to another room.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>Doors, door jams and closures were ordered to replace the doors for 141 and 102. The new doors will have a fire resistance rating of 1-hour. No residents will be placed in either room until the doors are installed.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</p> <p>QAA monitoring tool will be completed by the Executive Director/Designee to review fire-resistance of doors in the smoke compartment of the fireplace. This will be completed once and the results will be reviewed by QAA committee monthly until substantial compliance is achieved.</p> <p>Date to be completed</p> <p>1/26/16</p>		

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Bldg. 01	<p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency & Disaster Preparedness Manual: Emergency Fire Watch" documentation with the Director of Plant Operations during record review from 9:15 a.m. to 11:25 a.m. on 01/12/16, the written fire watch policy for the facility in the event</p>	K 0154	<p>K154</p> <p>It is the practice of Wellbrooke of Avon to have an approved fire watch program in the event of the sprinkler system being out of service for more than 4 hours in a 24 hour period.</p> <p>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</p> <p>The fire watch policy was updated to include notification of the building owner, insurance carrier and fire alarm monitoring company.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>The fire watch policy was updated to include notification of the building owner, insurance carrier and fire alarm monitoring company.</p> <p>What measures will be put into place or what systemic changes will</p>	01/26/2016

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K 0211 SS=E Bldg. 01	<p>the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the insurance carrier, the fire alarm monitoring company and the building owner. Based on interview at the time of record review, the Director of Plant Operations stated additional written fire watch policy documentation was not available for review and acknowledged the facility's written fire watch policy in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the insurance carrier, the fire alarm monitoring company and the building owner.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers shall have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 18.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623,</p>		<p>be made to ensure that the deficient practice does not reoccur?</p> <p>The Director of Plant Operations was in-serviced on new fire watch policy.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</p> <p>QAA monitoring tool will be completed by the Executive Director/Designee to review fire watch. This will be completed once and the results will be reviewed by QAA committee monthly until substantial compliance is achieved.</p> <p>Date to be completed</p> <p>1/26/16</p>	

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485.623	<p>Based on observation and interview, the facility failed to ensure 1 of over 60 alcohol based hand sanitizers were not installed above an ignition source. NFPA 101, in 18.1.1.3 requires all health facilities to be designed, constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect 26 residents, staff and visitors in the vicinity of Room 122.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations during a tour of the facility from 11:25 a.m. to 1:00 p.m. on 01/12/16, an alcohol based hand sanitizer was observed installed directly above an electrical outlet in the bathroom for Room 122. The manufacturer's label affixed to the hand sanitizer stated it contained alcohol and propylene glycol. Based on interview at the time of observation, the Director of Plant Operations acknowledged an alcohol based hand sanitizer was installed above an ignition source.</p> <p>3.1-19(b)</p>	K 0211	<p>K211</p> <p>It is the practice of Wellbrooke of Avon to not install ABHR dispensers above ignition sources.</p> <p>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</p> <p>The soap dispenser in room 122 was moved so that it is no longer above the electrical outlet.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>A building walk through was completed to look for other ABHR dispensers installed incorrectly. All improperly installed dispensers were moved.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>The Director of Plant Operations was in-serviced on ABHR installation.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not reoccur?</p>	01/26/2016	

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			<p>QAA monitoring tool will be completed by the Executive Director/Designee to monitor ABHR placement. This will be completed weekly times eight weeks and monthly times four months. The results will be reviewed by QAA committee monthly until substantial compliance is achieved.</p> <p>Date to be completed</p> <p>1/26/16</p>		