

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155833	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2016
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032
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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: 08/08/16</p> <p>Facility Number: 13444 Provider Number: 155833 AIM Number: 201294880</p> <p>At this Life Safety Code survey, Wellbrooke of Carmel 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 two story facility was determined to be of Type V (111) construction and fully sprinklered. A 2-hour fire wall is provided to divide the facility into two separate buildings. Each separate building is subdivided into two smoke compartments. Separation between the first floor healthcare occupancy and the second floor residential occupancy is provided by a 2-hour horizontal</p>	K 0000		
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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 0025 SS=F Bldg. 01	<p>floor/ceiling assembly and fire barriers. The rated floor/ceiling system is supported by 2-hour rated construction. 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 74 Comprehensive beds and had a census of 32 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. Quality Review completed on 08/11/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels in approved frames. 8.3, 18.3.7.3, 18.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire, pipes, and/or conduit through 4 of 4 smoke barrier walls were protected to maintain</p>	K 0025	All penetration to smoke barrier walls of the Health Center were recaulked by Director of Plant Operations above rooms 1301, 1412, 1102 and 1211 using red fire barrier caulk. Residents are	08/23/2016			

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	<p>the smoke resistance of each smoke barrier. LSC Section 18.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Plant Operations on 08/08/16 from 12:00 p.m. to 12:35 p.m., the following smoke barrier walls had unsealed penetrations:</p> <p>a) Above the ceiling tiles of the smoke barrier wall by room 1301 there were eight unsealed one inch conduits containing wires.</p> <p>b) Above the ceiling tiles of the smoke barrier wall by room 1412 there were three unsealed fourth of an inch penetrations around pipes.</p> <p>c) Above the ceiling tiles of the smoke barrier wall by room 1102 there were two unsealed fourth of an inch penetrations around pipes and there were three</p>		<p>no longer in potential risk now that smoke cannot penetrate resident room or hallway. The Director of Plant Operations will audit any contractor's work to ensure that any penetrating holes to smoke barriers and firewalls will be satisfactorily caulked upon completion of work and make adjustments as needed. The Director of Plant Operations will report results of any smoke barrier and firewall work activity through monthly Quality Assurance meetings on an ongoing basis. The Director of Plant Operations and the Executive Director are responsible to maintain overall compliance.</p>	

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K 0038 SS=E Bldg. 01	<p>unsealed one inch conduits containing wires.</p> <p>d) Above the ceiling tiles of the smoke barrier wall by room 1211 there were three unsealed fourth of an inch penetrations around pipes and there were three unsealed one inch conduits containing wires.</p> <p>Based on interview at the time of observation, the Director of Plant Operations acknowledged and provided the measurements of the penetrations.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 exit doors were accessible. Health care occupancies permit delayed-egress locks if all the conditions of LSC, Section 7.2.1.6.1 are met. LSC 7.2.1.6(d) requires on the door adjacent to the release device there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in width on a contrasting background that reads as follows: "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15</p>	K 0038	<p>In accordance with 7.1, 18.2.1, 19.2.1 exit access is so arranged that exits are accessible at all times. A durable sign in accordance with 7.2.16.1 was placed on the door indicating the proper verbage as follows: Push until alarms sounds. Door can be opened in 15 seconds.</p> <p>Residents are no longer at potential risk now that signage is in place. The Director of Plant Operations will report condition through monthly Quality Assurance meetings on an ongoing basis. The Director of Plant Operations and the</p>	08/23/2016			

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K 0143 SS=F Bldg. 01	<p>SECONDS." This deficient practice could all residents that use the main lobby.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Plant Operations on 08/08/16 at 11:10 a.m., the exit door in the back part of the lobby was equipped with an electromagnetic lock that released after pushing the door for 15 seconds but lacked proper signage regarding pushing the door to open. Based on interview at the time of observation, this was acknowledged by the Director of Plant Operations.</p> <p>3.1-15(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and</p> <p>(b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area that is posted with signs</p>		Executive Director are responsible to maintain overall compliance.		

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K 0144 SS=F Bldg. 01	<p>indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association. 8-6.2.5.2 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 areas used for transferring of oxygen was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction. This deficient practice could affect 23 resident on Berkshire hall.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Plant Operations on 08/08/16 at 11:40 a.m., the oxygen trans-filling room on Berkshire hall contained a half inch unsealed penetration in the ceiling. Based on interview at the time of observation, the Director of Plant Operations acknowledged and provide the measurement of the penetration.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and</p>	K 0143	<p>In accordance with 8-6.2.5.2 Oxygen rooms must maintain an one hour fire resistance barrier. The observed half inch unsealed penetration was sealed using red fire barrier caulk. A monthly inspection of oxygen rooms will ensure penetrations will not occur. Residents are no longer in potential risk now that smoke cannot penetrate oxygen room or hallway. The Director of Plant Operations will audit any contractor's work to ensure compliance. The Director of Plant Operations will review monthly in Quality Assurance Meeting. The Director of Plant Operations and Executive Director maintains overall responsibility for ongoing compliance.</p>	08/23/2016

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	<p>NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to ensure the load testing for the past 12 of 12 months indicated a load test was conducted under operating temperature conditions, minimum exhaust gas temperatures or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating temperature conditions, maintains the minimum exhaust gas temperatures or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p>	K 0144	<p>In accordance with chapter 3-4.4.1.1 of NFPA 99 and in accordance with NFPA 110 chapters 6-4.2 and chapter 3.5.4.2 of NFPA the form of documentation has been changed to include transfer time of the generator and length of run time and cool down time as set forth within the guidelines provided within NFPA99, NFPA110. The form will also include the formulation of percentage of load carried from the emergency generator and will also indicate if the exercise is the required monthly load test or weekly exercise. If the calculated load is under 30% of capacity a annual load bank test will be conducted by an outside vendor and a recorded copy of results will be maintained in the office of the director of plant operations. The Director of Plant Operations will be conducting this calculation on every load test and noted on generator chart and will review monthly in Quality Assurance meeting on an ongoing basis. Residents services will not be interrupted due to a power outage. The Director of Plant Operations and Executive Director maintains overall responsibility for ongoing compliance.</p>	08/23/2016			

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	<p>Based on record review of the "Generator Log Sheet" with the Director of Plant Operations on 08/08/16 at 10:25 a.m., the generator test log showed a monthly load test for the past twelve months but the log did not indicate if the diesel generator was exercised under operating temperature conditions, maintains the minimum exhaust gas temperatures or not less than thirty percent of the EPS nameplate rating at least monthly, for a minimum of thirty minutes. Based on an interview at the time of record review, the Director of Plant Operations acknowledged the generator was exercised under load for approximately thirty minutes monthly but the load percentage was not recorded.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to conduct an annual load bank test for 1 of 1 emergency generators with a monthly exercise operating temperature conditions less than 30 percent of the nameplate rating of the diesel powered emergency generator. NFPA 110, 1999 Edition 6-4.2 Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p>			

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	<p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on record review of the "Generator Log Sheet" with the Director of Plant Operations on 08/08/16 at 10:25 a.m., the monthly generator test log for the diesel powered emergency generator showed a monthly load test for the past twelve months with operating temperature conditions less than 30 percent of the EPS nameplate rating due to the percentage not being recorded. Based on an interview at the time of record review, when asked what the load percentage was the Director of Plant Operations stated it</p>			

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	<p>is under 30 percent. Also the Director of Plant Operations did provide a document titled " Load Test Data " by GHS Inc. that was believed to be a load bank test by the facility, but the test only ran the generator up to 20 percent of load capacity and no machine was hooked to the generator to increase the load.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. NFPA 99, Section 3-4.1.1.8 states the generator set shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on record review of the "Generator Log Sheet" with the Director of Plant Operations on 08/08/16 at 10:25 a.m., the emergency generator was tested monthly under load, however, the monthly load test record did not include the time for the transfer of power from the main</p>			

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	<p>source to the generator. Based on interview at the time of records review, this was acknowledged by the Director of Plant Operations.</p> <p>3.1-19(b)</p> <p>4. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators ran under load for 30 minutes and was allowed a 5 minute cool down period after a load test. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the</p>			

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	<p>Emergency Power Supply (EPS) prior to shut down. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on record review of the "Generator Log Sheet" with the Director of Plant Operations on 08/08/16 at 10:25 a.m., the generator log form documented the generator was tested under load monthly, however, the form did not indicate that the generator ran for at least 30 minutes and had a cool down time following its load test. Based on interview at the time of records review, this was acknowledged by the Director of Plant Operations.</p> <p>3.1-19(b)</p>				