

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155808	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/18/2015
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NAME OF PROVIDER OR SUPPLIER  WELLBROOKE OF WESTFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 937 E 186TH STREET WESTFIELD, IN 46074
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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
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: 08/18/15</p> <p>Facility Number: 012937 Provider Number: 155808 AIM Number: 201208220</p> <p>At this Life Safety Code survey, Wellbrooke of Westfield was found in substantial 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 two 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 49 at</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 0062 SS=C Bldg. 01	<p>the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas which provide facility services was sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well</p>	K 0062	<p>1. No residents were harmed.2. All residents have the potential to be affected.3. Back-up sprinklers were obtained and remain in inventory. A section has been added to the QAPI monthly tool for the Director of Plant Operations to ensure both kinds of sprinkler heads are kept in stock and will be completed monthly.4. This tool will be reviewed monthly during the facility's Quality Assessment and Improvement meetings to ensure compliance and the plan of action adjusted accordingly.</p>	09/04/2015

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	<p>as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 08/18/15 at 2:05 p.m. with the Maintenance Supervisor, the Riser room on Service hall which contained the sprinkler box with extra sprinkler heads had only one sidemount sprinkler head in the sprinkler box. The sidemount sprinkler heads were observed being used in resident rooms. Based on interview on 08/18/15 at 2:06 p.m. with the Maintenance Supervisor it was acknowledged the spare sprinkler cabinet located in the Riser room did not have two of each type of sprinkler heads in the sprinkler box.</p> <p>3.1-19(b)</p>			