

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155808	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2014
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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
K010000	<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: 08/11/14</p> <p>Facility Number: 012937 Provider Number: 155808 AIM Number: 201208220</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wellbrooke of Westfield 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 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 in spaces open to the corridors. The facility has a</p>	K010000	<p>This plan of correction is to serve as Wellbrookeof Westfield's credible allegation of compliance.</p> <p>Submission of this plan of correction does notconstitute an admission by Wellbrooke of Westfield or it's management companythat the allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations.</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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K010056 SS=F	<p>capacity of 70 and had a census of 37 at 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>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/18/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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</p>			

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	<p>connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 steel armover sprinkler pipes observed were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents as well as staff or visitors in the building if the sprinkler system required repair.</p> <p>Findings include:</p> <p>Based on observations on 08/11/14 during the tour between 12:35 p.m. and 12:50 p.m. with the Maintenance Supervisor, the following steel sprinkler pipe armovers exceeded twenty four inches and were unsupported:</p> <p>a. Center stairwell, first floor next to exit door was a forty three inch long armover suspended from the ceiling,</p> <p>b. Service hall fist floor next to metal rolling garage door was a thirty four inch long armover suspended from the ceiling.</p> <p>Based on interview on 08/11/14 concurrent with the observations with the</p>	K010056	<p>It is the practice of Wellbrooke of Westfield to ensure that the Life Safety Code Standards are met including the installation of sprinkler systems with approved components, devices, and equipment to provide complete coverage of all portions of the facility. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The qualified licensed vendor who did the original installation of the FireProtection Sprinkler System was contacted and informed of the inspectors findings. Additional supports were installed by a qualified licensed vendor on 08/26/14 to the two identified steel sprinkler pipe armovers that exceed twenty four inches.</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? All residents have the potential to be affected by the identified deficiency. Additional supports were installed by a qualified licensed vendor on 08/26/14 to the two identified steel sprinkler pipe armovers that exceed twenty four inches. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The</p>	08/27/2014

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	Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported. 3.1-19(b)		entire sprinkler system was inspected and no additional repairs were identified. How the correctiveaction will be monitored to ensure the deficient practice will not recur, i.e.what quality assurance program will be put into place? The Director of Plant Operations or designee will conduct monthly safety rounds toensure that the Life Safety requirements are met to include inspection of the sprinkler system. An agreement is inplace with a qualified licensed vendor to conduct quarterly sprinkler inspections. The results of the inspections will be reported to the Safety Committee and the Quality Assurance Improvement Committee monthly.		