

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

PRINTED: 04/16/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155811		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/02/2025	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF AVON				STREET ADDRESS, CITY, STATE, ZIP COD 10307 E COUNTY RD 100 N, INDIANAPOLIS, IN 46234			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/02/25</p> <p>Facility Number: 013085 Provider Number: 155811 AIM Number: 201279600</p> <p>At this Emergency Preparedness survey, Wellbrooke of Avon was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 70 certified beds. At the time of the survey, the census was 43.</p> <p>Quality Review completed on 04/04/25</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/02/25</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</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Danielle

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04/15/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0923 SS=E Bldg. 01	<p>Requirements for Participation Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety From Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing 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 and had a census of 43 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 on 04/04/25</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storag</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 cylinders of nonflammable gases such as carbon dioxide or oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported. This deficient practice could affect as many as 8 staff.</p>			K 0923	<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 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 the survey visit with</p>		04/03/2025

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	<p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations and the Facility Maintenance Support Director during a tour of the facility on 04/02/25 at 12:46 p.m., two of six 5 ½ inch diameter carbon dioxide cylinders were standing upright on the floor at the receiving dock area and were not properly chained or supported. Based on interview on 04/02/25 at 12:48 p.m., the Director of Plant Operations acknowledged the carbon dioxide cylinders were standing upright on the floor of the receiving area and were not properly chained or supported noting that there was a chain in place attached to the wall, but the two cylinders were not attached to it.</p> <p>This item was discussed at the exit conference held on 04/02/25 with the Director of Plant Operations and the Facility Maintenance Support Director.</p> <p>3.1-19(b)</p>				<p>exit on April 2, 2025</p> <p>K 923 Gas equipment – Cylinder and Container Storage</p> <p>Immediate Intervention</p> <p>CO2 containers found loose were immediately secured to prevent falling to meet the deficiency that could affect the 8 staff members working.</p> <p>Compliance date 4-3-2025</p> <p>The Director of Plant Operations was educated by the Regional Facilities Support on NFPA 99 Health Care facilities Code, 2012 Edition in accordance with section 11.3.2.1 through 11.3.2.3 section 11.3.2.6 stating cylinder or container restraints shall comply with 11.6.2.3.</p> <p>Exhibit A – Inservice Documentation</p> <p>The Director of Plant Operations will visually inspect proper security of cylinders weekly.</p> <p>Exhibit B – Audit tool</p>		

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					The Executive Director will present the results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.		