

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155808</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u>      </u>	(X3) DATE SURVEY COMPLETED <b>02/14/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>WELLBROKE OF WESTFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>937 E 186TH STREET WESTFIELD, IN 46074</b>		
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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: 02/14/23</p> <p>Facility Number: 012937 Provider Number: 155808 AIM Number: 201208220</p> <p>At this Emergency Preparedness survey, Wellbrooke of Westfield 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 68.</p> <p>Quality Review completed on 02/15/23</p>	E 0000	<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 exit on February 14th, 2023. We are requesting a desk review</p>	
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: 02/14/23</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 compliance with</p>	K 0000	<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</p>	

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

TITLE

(X6) DATE

Roger

Piotrowicz

02/24/2023

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 disclosed 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 0923 SS=E Bldg. 01	<p>Requirements for Participation in 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 two-story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels and corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 70 and had a census of 68 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 02/15/23</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of</p>		cited during the survey visit with exit on February 14th, 2023. We are requesting a desk review	

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	<p>noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure.</p> <p>Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.6.5.1 states Storage shall be planned so that cylinders can be used in the order which they are received from the supplier. NFPA 99, Section 11.6.5.2 states If empty and full containers are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. This deficient practice could affect as many as 14 residents, 4 staff, and 2 visitors in the vicinity of the oxygen storage and transfilling room.</p>	<b>K 0923</b>	<p><b>K923</b></p> <p>Gas equipment – Cylinder and Container Storage</p> <p><b>Immediate Intervention</b></p> <p>Affixed signage to area to segregate the full and empty cylinders in the same enclosure that could affect as many as 14 residents, 4 staff and 2 visitors to meet deficiency K923.</p> <p>Exhibit A - Photo</p> <p>Exhibit B – Photo</p>	02/15/2023

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	<p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Director of Plant Operations (D.P.O.) on 02/14/23 at 1:31 a.m., there were five large oxygen tanks used to fill smaller portable oxygen tanks located within the oxygen storage and transfilling room. When asked how someone could determine what tanks were brought in for use first, the D.P.O. had no answer. Furthermore, when asked which tanks were full or empty, the D.P.O. also had no answer. Based on interview at the time of observation, the D.P.O. acknowledged that the facility does not segregate the full from the empty oxygen cylinders or label the cylinders in an order to be used within the oxygen storage and transfilling room. During the exit conference with the D.P.O., the visiting D.P.O., and the Facilities Management Support Manager at 1:51 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>			<p><b>Compliance date</b> 2-15-2023</p> <p>Director of plant Operations was educated by Regional Support on K923 Gas equipment – cylinders and containers as pertains to NFPA99 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 and Health care facilities code, 2012 edition, Section 11.6.5.1</p> <p>Exhibit C – Inservice tool</p> <p>Director of plant Operations will verify the existence of signage X6 months.</p> <p>Exhibit D – Audit Tool</p> <p>Executive Director will present results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>