STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155808	A. BUILDING -- B. WING	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WELLBROOKE OF WESTFIELD	937 E 186TH STREET WESTFIELD, IN 46074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/14/25 Facility Number: 012937 Provider Number: 155808 AIM Number: 201208220 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. The facility has 70 certified beds. At the time of the survey, the census was 60. Quality Review completed on 05/19/25	E 0000		
K 0000 Bldg. 01	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). Survey Date: 05/14/25 Facility Number: 012937 Provider Number: 155808 AIM Number: 201208220 At this Life Safety Code survey, Wellbrooke of Westfield was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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. 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 60 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review completed on 05/19/25			
K 0921 SS=F Bldg. 01	NFPA 101 Electrical Equipment - Testing and Maintenanc Based on record review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA	K 0921	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 May 14th, 2025.	05/29/2025

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	155808	A. BUILDING 01 B. WING	05/14/2025

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	99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents. Findings include: Based on record review on 05/14/25 at 10:30 a.m. with the Director of Plant Operations (DPO), the Assistant Director of Plant Operations (ADPO), and the Field Maintenance Supervisor (FMS) present, there was no itemized documentation for the testing of Patient Care Related Electrical Equipment (PCREE), such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment. Based on an interview on 05/14/25 at 10:32 a.m., the FMS stated that the machine they have ordered to do the testing is out-of-stock and on back-order at the present, so they had not yet had an opportunity to complete the testing as of the time of this survey. Based on observations made during a tour of the facility with the DPO, the ADPO, and the FMS, it was revealed the facility provided PCREE such as electric beds, air pumps for air mattresses, and other electrical medical equipment was present in the facility.		**K 921 – Electrical Equipment – Testing and Maintenance** **Immediate Intervention** – completed testing of all PCREE in patient areas and completed documentation to satisfy the requirements of K921. This deficient practice could affect all residents. **Compliance Date** **6/1/2025** The Director of Plant Operations and the ADPO was educated by the Regional Facilities support on K921 Electrical Equipment – testing and maintenance in regular intervals and maintain documentation showing physical integrity, resistance, leakage current and touch current tests for fixed and portable PCREE as it pertains to NFPA 99 2012 edition section 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8. **Exhibit A - Inservice** Director of Plant Operations will conduct testing yearly for PCREE and maintain documentation. The Executive Director will present the results of the testing to QAPI committee to determine that continued compliance has been satisfied.	

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	This finding was reviewed with the Executive Director, the DPO, the ADPO, and the FMS during the exit conference on 05/14/25. 3.1-19(b)			