STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155833	A. BUILDING -- B. WING	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WELLBROOKE OF CARMEL	12315 PENNSYLVANIA STREET CARMEL, IN 46032

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/22/22 Facility Number: 013444 Provider Number: 155833 AIM Number: 201294880 At this Emergency Preparedness survey, Wellbrooke of Carmel was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 74 certified beds. At the time of the survey, the census was 49. Quality Review completed on 11/28/22	E 0000	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 November 22, 2022. The community requests a desk review to affirm compliance.	
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: 11/22/22 Facility Number: 013444 Provider Number: 155833 AIM Number: 201294880 At this Life Safety Code survey, Wellbrooke of Carmel was found not in compliance with	K 0000	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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Timothy Yale	Executive Director	12/06/2022

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 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 facility located on the first floor of a two-story building was determined to be of Type V (111) construction and fully sprinklered. A 2-hour fire wall is provided to divide the facility into two separate buildings. Each separate building is subdivided into two smoke compartments. Separation between the first-floor healthcare occupancy and the second floor residential occupancy is provided by a 2-hour horizontal floor/ceiling assembly and fire barrier. The rated floor/ceiling system is supported by 2-hour rated construction. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 49 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 11/28/22		cited during the survey visit with exit on November 22, 2022. The community requests a desk review to affirm compliance.	
K 0363 SS=E Bldg. 01	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20			

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	155833	A. BUILDING 01 B. WING	11/22/2022

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	minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.			
	Based on observation and interview, the facility failed to ensure 1 of over 30 corridor doors had no impediment to closing and latching into the door frame and would resist the passage of smoke. This deficient practice could affect 2 staff.	K 0363	**Immediate Intervention**: Director of plant operations has corrected the positive latching device on the kitchen storage area that could affect 2 staff members to meet deficiency K363.	12/08/2022

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	Findings include: Based on observations and interview during a tour of the facility with the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative on 11/22/22 between 12:15 p.m. and 3:00 p.m., the corridor door the kitchen supply closet, equipped with a self-closing device, failed to self-close and latch positively into the door frame. Based on interview at the time of the observations, the Director of Plant Operations agreed the aforementioned corridor door did not close and latch into the door frame and would not resist the passage of smoke. This finding was acknowledged by the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative at the time of discovery and again at the exit conference with Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative all present. 3.1-19(b)		**Exhibit A – Photo** Director of Plant Operations was educated by regional support on K363 NFPA 101 corridor and doors. Corridor doors and doors to rooms that would resist the passage of smoke must have latching hardware. **Exhibit B – Inservice Documentation** Director of plant operations will verify positive latching hardware to doors protecting corridor openings. Once per weekly X 3months Followed by Once per Month X3 **Exhibit C – Audit tool** Executive Director will present results of inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	
K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation, the facility failed to ensure 1 of 1 electrical junction boxes in the elevator mechanical room were maintained in a safe	K 0511	**Immediate intervention** The director of plant operations replaced the electrical cover over	12/08/2022

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	operating condition. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice could affect 2 staff in the elevator room. Findings include: Based on observations and interview during a tour of the facility with the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative on 11/22/22 between 12:15 p.m. and 3:00 p.m., an electrical junction box on ceiling in the elevator mechanical room did not contain a cover and had exposed electrical wiring. This finding was acknowledged by the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative at the time of discovery and again at the exit conference with Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative all present. 3.1-19(b)		the junction box located in the elevator room this could affect 2 staff members to meet deficiency K511 **Exhibit D- Photo** Director of plant Operations was educated by the regional support on K511 NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2. **Exhibit B – Inservice Documentation** Director of plant Operations will verify electrical junctions are intact weekly X3months then followed monthly X3. **Exhibit E – Audit tool** Executive Director will present results of inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	
K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable			

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	patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5			
	Based on observation and interview, the facility failed to ensure 1 of 1 flexible cord in the Bistro Area was not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 20 residents and staff. Findings include: Based on observations and interview during a tour of the facility with the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative on 11/22/22 between 12:15 p.m. and 3:00 p.m., in the Bistro Area, an orange extension cord with a multiplug adaptor, located behind the mini-refrigerator, what was supplying	K 0920	**Immediate intervention** The Director of Plant Operations removed the extension cord located in the Bistro area this could affect up to 20 residents and staff to meet deficiency K920 **Exhibit F – Photo** The Director of plant operations was educated by regional support on K920 NFPA 101 10.2.3.6, NFPA 70/2011, 400.8, 400.7. as pertains to flexible cords and cables should not be used as a substitute for fixed wiring and prohibiting daisy chains. **Exhibit B – Inservice Documentation** The director of plant operations	12/08/2022

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	power to food service equipment. Based on interview at the time of observation, the Director of Plant Operations acknowledged an extension cord was in use as described above. This finding was acknowledged by the Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative at the time of discovery and again at the exit conference with Director of Plant Operations, Assistant Director of Plant Operations and Corporate Facilities Support Representative all present. 3.1-19(b)		and the Executive director will verify non approved devices are not in use once per week x 3 months followed by once per month x 3. **Exhibit G – Audit tool** Executive Director will present results of inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	