

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

PRINTED: 06/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155808</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WELLBROOKE OF WESTFIELD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>937 E 186TH STREET</b> <b>WESTFIELD, IN 46074</b>		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00458674.</p> <p>Complaint IN00458674-No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: June 5, 2025.</p> <p>Facility number: 012937 Provider number: 155808 AIM number: 201208220</p> <p>Census Bed Type: SNF/NF: 37 SNF: 21 Residential: 40 Total: 98</p> <p>Census Payor Type: Medicare: 17 Medicaid: 21 Other: 20 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000			
F 583 SS=D	<p>Quality review was completed on June 16, 2025.</p> <p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p>	F 583			

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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F 583	<p>Continued From page 1</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff did not take and share unauthorized photos of a resident for 2 of 3 residents reviewed for privacy. (Resident B) The deficient practice was corrected on 5/8/25, prior to the start of the survey, and was therefore past noncompliance.</p>	F 583	<p>Past noncompliance: no plan of correction required.</p>		

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F 583	<p>Continued From page 2</p> <p>Findings include:</p> <p>A Facility Reported Incident (FRI) indicated on 5/7/25, terminated employee Qualified Medication Assistant (QMA) 3 had sent Certified Nursing Assistant (CNA) 2 an unauthorized photo of Resident B and C which had been taken on 4/30/25.</p> <p>1 The clinical record for Resident B was reviewed on 6/5/25 at 10:15 a.m. The diagnoses included, but were not limited to, anxiety disorder and stage 3 chronic kidney disease.</p> <p>A Brief Interview for Mental Status (BIMS) assessment, dated 4/28/25, indicated Resident B had severe cognitive impairment.</p> <p>2. The clinical record for Resident C was reviewed on 6/5/25 at 10:20 a.m. The diagnoses included, but were not limited to general anxiety disorder, insomnia, and depression.</p> <p>An assessment, dated 4/11/25, indicated Resident C had severe cognitive impairment.</p> <p>During an interview, on 6/5/25 at 10:15 a.m., the Executive Director (ED) and Clinical Support 5 indicated a former employee took a picture of 2 residents when they were out in the hallway. Resident B was nude, and you could the side of Resident C's face. There were 2 residents in the photo.</p> <p>During an interview, on 6/5/25 at 10:50 a.m., the Assistant Director of Nursing (ADON) indicated staff were not allowed to take pictures of residents.</p>	F 583			

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F 583	<p>Continued From page 3</p> <p>During an interview, 6/5/25 at 10:53 a.m., Registered Nurse (RN) 10 indicated staff were not supposed to be using their phones on the floor and they were not allowed to take pictures of a resident.</p> <p>During an interview, on 6/5/25 at 10:59 a.m., Clinical Support 5 indicated staff were not supposed to be taking pictures of residents with their phones.</p> <p>During an interview, on 6/5/25 at 11:06 a.m., the Executive Director (ED) indicated QMA 3 was not a designated employee to take photos.</p> <p>During an interview, on 6/5/25 at 11:45 a.m., CNA 2 indicated she had woken up in the morning and was sent a text from QMA 3. QMA 3 had sent her Google reviews and a nude picture of Resident B. She then reported the incident to the management. To her knowledge, QMA 3 did not send it to anyone else.</p> <p>Attempts were made to contact QMA 3 but were unsuccessful.</p> <p>A current facility policy, titled "Cell Phone, Cameras and Electronic Devices FAQ," dated 3/19/19 and received from Clinical Support 1 on 6/5/25 at 11:00 a.m., indicated "...Employees can carry/possess a cell phone during work hours, but the cell phone cannot be used in work areas. Cell phones should also be either turned off or on silent or vibrate mode during working hours...Designated employees may take photos as part of their job duties for business purposes only. The authorized employees are designated by the Executive Director and are usually defined as Department leaders, Life Enrichment</p>	F 583			

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F 583	<p>Continued From page 4</p> <p>Associates, designated social media team members and those with a yellow "Photographer" name badge...An unauthorized photo of a resident is a violation of the resident's right to privacy and confidentiality...."</p> <p>The deficient practice was corrected by 5/8/25 after the facility completed education to all staff members and implemented a systemic plan which included staff reeducation on cell phone use and regular audits to ensure compliance.</p> <p>3.1-3(o) 3.1-3(p)(4) 3.1-3(t)</p>	F 583			