STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155812	A. BUILDING -- B. WING	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WELLBROOKE OF CRAWFORDSVILLE	517 CONCORD ROAD CRAWFORDSVILLE, IN 47933

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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: 08/22/24 Facility Number: 013107 Provider Number: 155812 AIM Number: 201279670 At this Emergency Preparedness survey Wellbrooke of Crawfordsville 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 46. Quality Review completed on 08/23/24	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: 08/22/24 Facility Number: 013107 Provider Number: 155812 AIM Number: 201279670 At this Life Safety Code survey, Wellbrooke of	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Deana Jones	Executive Director	09/06/2024

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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	Crawfordsville was found not in compliance with 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 single-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, hard wired smoked detectors in all resident sleeping rooms and spaces open to the corridors. The entire facility was surveyed due to the lack of a 2-hour rated wall separation between the health care and assisted living areas. The facility has a capacity of 70 and had a census of 46 at the time of this survey. All areas where residents have customary access were sprinklered and all areas which provide facility services was sprinklered. Quality Review completed on 08/23/24			
K 0355 SS=E Bldg. 01	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on record review, observation and interview, the facility failed to inspect 2 of 20 portable fire extinguishers in the facility each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or	K 0355	K355 Portable Fire Extinguishers CFR(s) NFPA 101 Compliance Date 09/03/2024 Immediate Intervention	09/03/2024

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	by means of an electronic device / system at a minimum of 30-day intervals. Section 7.2.2 states periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items: (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position (4) Fullness determined by weighing or hefting for self expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks (5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers (6) Indicator for nonrechargeable extinguishers using push-to-test pressure indicators. Section 7.2.4.1 states personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. Section 7.2.4.3 requires where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Section 7.2.4.4 requires where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. Section 7.2.4.5 requires records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect up to 24 residents, as well as staff and visitors. Findings include: Based on record review on 08/22/24 with the Director of Plant Operations, the annual fire extinguisher inspections occurred 01/23/24. Based		The DPO (Director of Plant Operations) inspected and signed Extinguishers in question. Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, standard for portable fire extinguishers 18.3.5.12, 19.3.5.12, NFPA 10 The Director of Plant Operations will audit fire extinguisher inspections 1 x week for 1 month and 1 x a month for 3 months. The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved	

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	on observations with the Director of Plant Operations and Facilities Management Support on 08/22/24 during a tour of the facility, the following was noted: a) the monthly inspection tag on the fire extinguisher located in the beauty shop lacked documentation of monthly inspections for July and August 2024. b) the monthly inspection tag on the fire extinguisher located in the laundry room lacked documentation of monthly inspections for February through August 2024. This was confirmed by the Director of Plant Operations at the time of observations. This finding was reviewed with the Director of Plant Operations and Facilities Management Support at the exit conference. 3.1-19(b)			
K 0363 SS=B 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 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			

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	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 50 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 17 residents and staff in the Legacy unit. Findings include: Based on observation with the Director of Plant Opertations, Facilities Management Support and Executive Director on 08/22/24 at 1:20 p.m. during a tour of the facility, the corridor door to Resident Room 215 would not latch into it's frame without lifting up on the door so it would latch into the frame. Based on interview at the time of	K 0363	K363 Corridor Door's CFR(s) NFPA 101 Immediate Intervention The DPO (Director of Plant Operations) replaced the seal plate at the base of the door. Fixing the latching issue. The Director of Plant Operations was educated by the Executive Director on K363, 18.3.6.3. There is no impediment to the closing doors. The Director of Plant Operations	09/03/2024

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	observation, the Director of Plant Operations confirmed the resident room door would not latch into the frame without lifting up on the door. The corridor door was worked on by Facilities Management Support and the door latched without assistance prior to survey exit. This finding was reviewed with the Director of Plant Operations and Facilities Management Support at the exit conference. 3.1-19(b)		will audit corridor x per week x 4 weeks x 1 month. Results of this audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, standard for portable fire extinguishers 18.3.5.12, 19.3.5.12, NFPA 10 The Director of Plant Operations will audit fire extinguisher inspections 1 x week for 1 month and 1 x a month for 3 months. The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved	
K 0920 SS=B 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 extension cords were not used as a substitute for fixed wiring in two staff offices. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 20 residents, staff and visitors in the 200 Hall. Findings include: Based on observation on 08/22/24 at 1:25 p.m. during a tour of the facility with the Director of Plant Operations, Facilities Management Support and Executive Director; an extension cord was in	K 0920	K-920 Electrical Equipment – Power Cords and Extension Cords HVAC Compliance Date 09-03-24 Immediate Intervention The Director of Plant Operations removed Extension cord from resident room. The Director of Plant Operations was educated by the Executive Director on K-920 – Electrical Equipment – Power Cords and extension Cords. Extension cords	09/03/2024

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	use in resident room 231. A CPAP machine and a cell phone charger was plugged into and being powered by the extension cord that was plugged in the wall to the left of the window. Based on interview at the time of observation, the Director of Plant Operations confirmed the use of an extension cord and said he was not aware it was being used. The extension cord was removed by the Executive Director at the time of observation. This finding was reviewed with the Director of Plant Operations and Facilities Management Support during the exit conference. 3.1-19(b)		used temporarily are removed immediately upon completion of the purpose for which it was installed and the conditions of 10.2.4, 10.2.3.6 (NFPA 99), 10.2.4 (NFPA99), 400-8 (NFPA 70), TIA 12-5.¿ The Director of Plant Operations and Executive Director will verify non approved devices are not in use the campus once per week X 3 months followed by once per month X 3. Results of these audits will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.	