STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155812	A. BUILDING **01** B. WING _____	R **09/26/2024**

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

(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
{K 000}	INITIAL COMMENTS A Post-Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/26/24 Facility Number: 013107 Provider Number: 155812 AIM Number: 201279670 At this PSR survey, Wellbrooke of Crawfordsville was found 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 47 at the time of this survey. All areas where residents have customary access were sprinklered and all areas which provide facility services was sprinklered.	{K 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1 Quality Review completed on 09/30/24	{K 000}		