

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

PRINTED: 04/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155824		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/10/2025	
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52565 STATE ROAD 933 SOUTH BEND, IN 46637			
(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
{E 000}	<p>Initial Comments</p> <p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 03/06/2025 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/10/2025</p> <p>Facility Number: 013302 Provider Number: 155824 AIM Number: 201281730</p> <p>At this PSR, Wellbrooke of South Bend was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 70 certified beds. At the time of the survey, the census was 52.</p>			{E 000}			
{K 000}	<p>Quality Review completed on 04/11/25</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 03/06/2025 was conducted by the Indiana Department of Health in accordance with 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 04/10/2025</p> <p>Facility Number: 013302 Provider Number: 155824 AIM Number: 201281730</p> <p>At this PSR, Wellbrooke of South Bend, was found in compliance with Requirements for</p>			{K 000}			

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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{K 000}	<p>Continued From page 1</p> <p>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.</p> <p>This two-story facility was determined to be of Type V (111) construction and fully sprinklered. Separation between the first-floor healthcare occupancy and the second-floor residential occupancy is provided by a horizontal floor/ceiling assembly with a 2-hour Fire Resistive Rating. The rated floor/ceiling system is supported by 2 hour rated construction. The Southwest wing of the first floor is a residential occupancy; however, is not separated from the healthcare facility by a 2-hour fire barrier and is therefore surveyed as healthcare. The building is partially protected by a 300-kW diesel gas-powered generator. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridors. The facility has hard-wired smoke detectors installed in all resident sleeping rooms.</p> <p>The facility has a capacity of 70 and had a census of 52 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/11/25</p>	{K 000}			