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 _____	**03/05/2024**

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 Life Safety Code and Preoccupancy survey for the following was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a). Building Renovation: - Remodeling of part of a wing into a locked unit. The locked wing includes sixteen resident rooms to accommodate 17 residents, a resident lounge, a janitor's closet, a nurse's station, restrooms, a soiled laundry, and an activity / dining area. This project also includes a gated courtyard to the northwest of the locked wing, with access through the dining / activities room. *Note* The means of egress from other units are modified with one exit that may require travel through this locked unit. Survey Date: 03/05/24 Facility Number: 013107 Provider Number: 155812 AIM Number: 201279670 At this Life Safety Code and Preoccupancy 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 one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke	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
	155812	A. BUILDING **01** B. WING _____	**03/05/2024**

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

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K 000	Continued From page 1 detection in the corridors, all areas open to the corridors, and all resident rooms with hard wired smoke detectors. The unit has a capacity of 17 and had a census of 0 at the time of this visit. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 03/06/24	K 000		