STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155808	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of Westfield	937 E 186th Street Westfield, IN 46074

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 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. Findings include: 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. 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. A Brief Interview for Mental Status (BIMS) assessment, dated 4/28/25, indicated Resident B had severe cognitive impairment. 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. An assessment, dated 4/11/25, indicated Resident C had severe cognitive impairment. 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. 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. 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. 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. 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. (continued on next page)

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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Attempts were made to contact QMA 3 but were unsuccessful. 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 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 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. 3.1-3(o) 3.1-3(p)(4) 3.1-3(t)