STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155833	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of Carmel	12315 Pennsylvania Street Carmel, IN 46032

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to ensure a resident's representative and physician were notified when a resident's weight was obtained, documented, and showed a loss for 1 of 2 residents reviewed for notification of change. (Resident 23)Findings include:The clinical record for Resident 23 was reviewed on 1/14/26 at 1:56 p.m. The diagnoses included, but were not limited to, type 2 diabetes, vitamin D deficiency, and dehydration.A current care plan, dated 11/29/23, indicated to monitor and record weight and to notify the physician and family of weight loss.The vitals tab in the electronic medical record for Resident 23 indicated the following:On 3/8/25, the resident weighed 155 pounds.On 4/10/25, the resident weighed 157.4 pounds.On 5/6/25, the resident weighed 144.2 pounds.This was a documented 8.39% weight loss in under 30 days.A facility report, dated 5/14/25, indicated Resident 23 had a 5% weight change in 30 days.There was no documentation to indicate the physician was notified until eight days after the weight loss was documented.There was no documentation to indicate the resident's family was notified of the weight loss until 5/28/25 which was 22 days after the weight loss was documented.During an interview, on 1/16/26 at 11:51 a.m., Clinical Support 1 indicated the facility should have notified the physician and family of the weight loss. A current facility policy, titled Physician- Provider Notification Guidelines, last revised on 12/8/25 and received from the Executive Director on 1/20/26 at 3:35 p.m., indicated .To ensure the resident's physician or practitioner (may include NP, PA, or clinical nurse specialist) is aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care.Resident assessments for change in condition, suspected injury, event of unknown origin or ordered lab and/or other diagnostic tests should be completed in a timely manner.Attempts to notify the physician/provider and their response should be documented in the resident electronic health record. The 24-Hour report shall be utilized for nurse to nurse communication regarding the status of notification and response back.3.1-5(a)(2)3.1-5(a)(3)

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.

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

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to ensure a Preadmission Screening and Record Review (PASARR) was accurate for a resident with mental health diagnoses for 1 of 2 residents reviewed for PASARR. (Resident 14)Findings include:The clinical record for Resident 14 was reviewed on 1/14/26 at 2:29 p.m. The diagnoses included, but were not limited to, major depressive disorder, generalized anxiety disorder, and depression.A PASARR level I screen, dated 4/27/25, indicated a PASARR level II was not required. Resident 14 did not have a suspected mental illness, intellectual disability, or related condition. The level I screen did not show there was any serious mental illness.The PASARR level I screen did not include Resident 14's major depressive disorder, generalized anxiety disorder, or depression.During an interview, on 1/20/26 at 11:44 a.m., the Social Services Director (SSD) indicated major depressive disorder should have been on the PASARR. If the facility noted a discrepancy with a PASARR, a new PASARR should be submitted.A current facility policy, titled Indiana PASRR, undated and received from the Executive Director on 1/20/26 at 3:35 p.m., indicated .PASRR required that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness.Change in status.PASRR Level 1 completed for change in status.3.1-16(d)(1)(A)3.1-16(d)(1)(B)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to ensure tuberculosis tests were administered according to the acceptable standard of practice for 2 of 5 residents reviewed for infection control. (Resident 1 and 62)Findings include:1. The clinical record for Resident 1 was reviewed on 1/16/26 at 2:18 p.m. The diagnoses included, but were not limited to, cervical region spinal stenosis, lumbar region fusion of the spine, chronic diastolic congestive heart failure, essential primary hypertension, and type 2 diabetes mellitus without complications.Tuberculosis test documentation, dated 12/24/25, indicated the test was administered in the left forearm at 10:05 p.m.Tuberculosis test documentation, dated 12/26/25, indicated the test was read as negative at 4:46 p.m. (less than 48 hours after the test was administered).Tuberculosis test documentation, dated 1/7/26, indicated the test was administered in the left forearm at 9:25 p.m.Tuberculosis test documentation, dated 1/9/26, indicated the test was read as negative at 3:15 p.m. (less than 48 hours after the test was administered).2. The clinical record for Resident 62 was reviewed on 1/15/26 at 11:38 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), dementia, hypertension, and osteomyelitis.Tuberculosis test documentation, dated 1/9/26, indicated the test was administered in the left forearm at 10:00 p.m.Tuberculosis test documentation, dated 1/11/26, indicated the test was read as negative at 5:09 p.m. (less than 48 hours after the test was administered).During an interview, on 1/21/26 at 11:14 a.m., the DON (Director of Nursing) indicated tuberculosis skin tests were supposed to be read within 48 to 72 hours. The IP (Infection Preventionist) indicated the facility needed to change the timing of the tuberculosis orders on the Medication Administration Record to ensure proper spacing between administering and reading the tests.A current facility policy, titled Guidelines for TB Control Plan for Residents-Indiana, dated as last reviewed 12/16/25 and provided by the Executive Director on 1/20/26 at 10:15 a.m., indicated .Upon admission a baseline two-step TST shall be completed.A current CDC healthcare education document, titled Mantoux TB Skin Test, downloaded from https://www.cdc.gov/tb/education/mantoux/pdf/ on 1/21/26 at 4:35 p.m., indicated .The skin test should be read between 48 and 72 hours after administration.3.1-18(e)