

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00198948, IN00200219, and IN00200887.</p> <p>Complaint IN00198948 - Substantiated. State deficiency related to the allegations is cited at R0144.</p> <p>Complaint IN00200219 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00200887 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: May 20, 2016</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Census bed type: Residential: 69 Total: 69</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
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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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R 0144 Bldg. 00	<p>Quality review completed by 32883 on 5/23/16.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure the environment was clean and in a state of good repair related to stains on the carpet, debris on the floors, black discoloration on the shower floors and marred bathroom walls for 4 rooms observed in the Assisted Living Building and for 5 rooms observed in the Memory Care Building. (Room #104, Room #108, Room #119, Room #137, Room #A6, Room #B3, Room #B6, Room #C6 and Room #D5)</p> <p>Findings include:</p> <p>During the Environmental Tour with the Maintenance Supervisor, on 5/20/16 from 9:10 a.m. through 10:00 a.m., the following was observed:</p> <p>1. Assisted Living Building:</p>	R 0144	<p>R144 410 IAC 16.2-5-1.5 (a) Sanitation and Safety</p> <p>What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice? ·The cited rooms #104, #108, #119, #137, #A6, #B3, #B6, #C6, and #D5 will have all listed items corrected by 6/14/16.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? ·An audit will be completed by the Executive Director or Designee of all rooms to ensure this deficient practice has not affected other rooms, this will be completed by 6/14/2016.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged</p>	06/14/2016

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	<p>a. The carpet in Room #104 had multiple stains. There were yellow and black stains on the shower floor and the shower chair had black stains and debris on it. The bathroom pull cord was stained with a brown/yellow discoloration, the toilet seat had a brown substance on it and was peeling. There was one resident who resided in this room.</p> <p>b. Room #108 had a strong urine odor. There was a black discoloration on the shower floor and yellow discolorations on the bathroom floor. There was one resident who resided in this room.</p> <p>c. Room #119 had debris on the bathroom floor as well as on the carpet. The shower floor had a black discoloration. There was one resident who resided in this room.</p> <p>d. The bathroom floor in Room #137 had dried paint on the floor behind the toilet. There was black discoloration on the shower floor as well as visible pieces of hair in the shower drain. The bathroom walls were also marred. There was one resident who resided in this room.</p> <p>2. Memory Care Building:</p> <p>a. The toilet bowl in Room #A6 had a</p>		<p>deficientpractice does not recur.</p> <ul style="list-style-type: none"> ·Allstaff will be re-educated and in-serviced to Common Area Cleaning and ResidentApartment Cleaning by 6/14/2016 ·TheMaintenance Supervisor or Designee will inspect a minimum of 10 rooms a weekfor any environmental concerns and report the findings to the ExecutiveDirector. Repairs will be scheduled at that time. 	

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	<p>brown/dark green discoloration. There was one resident who resided in this room.</p> <p>b. The carpet in Room #B3 had multiple stains. The pull cord in the bathroom had a yellow discoloration. There was one resident who resided in this room.</p> <p>c. The carpet in Room #B6 had multiple stains. The bathroom floor had yellow discolorations by the cove base and there was debris in the corners. There was one resident who resided in this room.</p> <p>d. The carpet in Room #C6 had multiple stains. There was one resident who resided in this room.</p> <p>e. The carpet in Room #D5 had multiple stains. Next to Bed B, the carpet had unraveled at the seam and there was a brown substance on the wall. There were two residents who resided in this room.</p> <p>Interview with the Maintenance Supervisor on 5/20/16 at 10:00 a.m., indicated all of the above were in need of cleaning and repair.</p> <p>This State tag relates to Complaint IN00198948.</p>			

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

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