

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/26/2026	
NAME OF PROVIDER OR SUPPLIER BROOKDALE VALPARAISO		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST, VALPARAISO, , 46383					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: August 25 and 26, 2026 Facility number: 010757 Residential Census: 68 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-2-5. Quality review completed on 8/31/26.	R 0000	The following is the Plan of Corretion for Brookdale Valparaiso regarding the Statement of Deficiencies dated 8/26/2026. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.				
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6)	R 0090	Executive Director/Health and Wellness Director/ Designee will conduct and document			09/18/2026	

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

	(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.		interviews per policy for incident between Resident 2 and Resident 3. Health and Wellness Director/ Designee will audit incidents over the past 6 months to ensure compliance per policy. Executive Director will re-inserve Health & Wellness Director on reportable events being reported to State of Indiana and follow up per State reportable policy and time frame. To assist with compliance, the Executive Director/ Designee will audit reportable incidents over the next 3 months.	
--	---	--	--	--

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

	(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on record review and interview, the facility failed to ensure an allegation of abuse incident was thoroughly investigated and a follow-up for the reportable was submitted timely to the Indiana Department of Health (IDOH) for 1 of 1 allegation of resident to resident abuse reviewed. (Residents 2 and 3) Finding includes: The Facility Reported Incident Report, dated 8/11/26, indicated Resident 2 was self-propelling in			
--	---	--	--	--

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

her wheelchair down the hallway when she had told the Memory Care (MC) Activity Director that Resident 3 had put her hands around her neck and was swearing at her. Both of the residents were separated immediately, they were assessed by a nurse, and the Powers of Attorney, Health and Wellness Director, and Nurse Practitioner were all notified. The preventative measures put into place were that Resident 2 was being assessed for a urinary tract infection. The follow-up was not submitted.

Resident 2's record was reviewed on 8/26/26 at 9:07 a.m. Diagnoses included, but were not limited to, dementia. The resident resided on the Memory Care Unit.

The Service Plan, dated 8/3/26, indicated the resident was cognitively impaired and required assistance from staff for activities of daily living such as showering, toileting, and medication administration. She had made attempts to exit the Assisted Living building previously and she needed to be involved in activities that kept her interest.

Resident 3's record was reviewed on 8/26/26 at 8/26/26 at 10:44 a.m. Diagnoses included, but were not limited to,

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

dementia. The resident resided on the Memory Care Unit.

The Service Plan, dated 6/15/26, indicated the resident was cognitively impaired and required assistance from staff for activities of daily living such as dressing, grooming, bathroom assistance, escort assistance. The resident needed help to participate in activities before of memory loss. She demonstrated anxiety, disruptive, or obsessive behaviors that required additional attention.

An Alert Charting Note, dated 8/10/26 at 6:36 p.m., indicated another resident reported to the Memory Care Activity Director that Resident 3 had put her hands around her neck while the resident was propelling herself in her wheelchair down the B hallway. The Memory Care Activity Director further separated the residents to ensure safety, and while the residents were being separated, Resident 3 was swearing. Resident 3 was assessed soon after and was found to be calm with mentation at baseline. Resident 3 indicated the other resident was yelling at her to go away and she denied putting her hands on the other resident. Appropriate parties were notified.

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

	During an interview on 8/26/26 at 9:30 a.m., the Memory Care Health and Wellness Director (MC HWD) indicated her investigation consisted of the actual Facility Reported Incident and she did not have anything else documented such as interviews. The incident occurred near the dining room hall entrance and the MC Activity Director was there. There were no witnesses to interview and no other residents were interviewed at the time. She had spoken with other staff who were working in the building, but had not documented the conversations. The two residents had not had any interactions like that before and Resident 2 had tested positive for a urinary tract infection. There had been no incidents since that occurrence. Resident 2 had displayed some behaviors on that day, such as packing her bag to leave the facility. Those types of behaviors were typically indicative that the resident had a urinary tract infection. During an interview on 8/26/26 at 9:36 a.m., the Memory Care Activity Director indicated she had been present for the incident with Resident 2 and 3. Resident 2 was self-propelling in a wheelchair and had told the Memory Care Activity Director that Resident 3 had just			
--	--	--	--	--

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

	strangled her. The Memory Care Activity Director immediately separated the two residents and placed one of the residents in a separate room away from the other. Upon separation, Resident 3 was heard yelling out curse words directed at Resident 2. The incident of Resident 2 being strangled was not observed by the Memory Care Activity Director so she was unable to prove if the allegation was true. She indicated the two residents had never had an interaction like that before and it had not happened again. A policy titled, "Abuse, Neglect & Exploitation Policy," received from the Assisted Living Health and Wellness Director and noted as current, indicated, "...5. Investigation: a. Internal Investigation. Upon receipt of an allegation of abuse, neglect or exploitation, the Administrator and or Executive Director, or their designee, should conduct a confidential internal investigation of the incident. B. Manner of Conducting Investigation. The investigation should be conducted confidentially and in a manner that is least disruptive to the on-going delivery of services and daily routine of the community. (1) The investigation should include interviews with potential			
--	---	--	--	--

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

	witnesses, which may include the alleged perpetrator, the alleged victim, associates, other residents and visitors to the community...d. Investigation Record. The Administrator and or Executive Director or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the Administrator and or Executive Director or designee, including the date, time, name of person being questioned and an impartial report of the facts...6. External Reporting/Notification...c. Report to the Indiana State Department of Health and Other Agencies...(c) If the investigation is concluded at the point of submitting the initial report, the Administrator and or Executive Director or designee should indicate that the report is the final report on the Fax/Incident Report. (d) If the investigation is ongoing the Administrator and or Executive Director or designee should follow-up with a five day report as described below. (2) If the investigation is not complete at the time of the initial report, the results of the investigations should be sent in writing, only entry or by fax within five working days of the occurrence. The follow-up report should include: (a. The nature of the occurrence, including time and			
--	---	--	--	--

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

	place; (b) Investigative action; (c) Other persons or agencies to whom the occurrence was reported; (d) Plan of action/interventions implemented to prevent similar occurrences; (e) Method in which community with continue to monitor efficacy of interventions..."			
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of	R 0120	Business Office Coordinator/Health and Wellness Director will audit inservice records for LPN 1; CNA 1 and Cook 1 and insure inservices are completed Business Office Coordinator will audit Associate inservice records for 2026 to ensure inservices are completed and up to date Executive Director will re-inservice Business Office Coordinator on timely completion of mandatory state inservices To assist with compliance, the Executive Director/ designee will audit inservice completion once a month for 3 months	09/15/2026

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

	dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia. (3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature. Based on record review and interview, the facility failed to ensure required annual inservices had been completed for 3 of 5 employees reviewed. (LPN 1, CNA 1 and Cook 1) Findings include: The employee records and 2025 inservices were reviewed on 8/26/26 at 9:00 a.m. a. LPN 1 had not completed any medication administration			
--	--	--	--	--

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

	inservices for 2025. b. CNA 1 had not completed any resident rights inservice for 2025. She had only completed 0.75 hours of dementia training. She had not completed the 8 hours of required yearly inservices for nursing staff. c. Cook 1 had not completed any resident rights inservice for 2025. She had only completed 2.25 hours of dementia training. During an interview on 8/26/26 at 10:30 a.m., the Business Office Coordinator indicated she was unable to provide any further documentation of completed inservices.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on observation, record review, and interview, the facility failed to ensure physician's	R 0241	Health and Wellness Director received new physician's order regarding oxygen titration for Resident 5. Physician orders for 2 current residents receiving oxygen were audited for correct titration. Health and Wellness Director/designee will re-inservice nursing staff regarding following physician orders related to oxygen administration Health and Wellness Director/designee will audit	09/15/2026

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

orders were followed related to oxygen administration for 1 of 7 residents reviewed. (Resident 5)

Finding includes:

During an observation and interview on 8/25/26 at 3:41 p.m., Resident 5 indicated she received oxygen via a nasal cannula continuously and it was set at three liters per minute. She was always a little short of breath due to chronic obstructive pulmonary disease (COPD). At the time, the resident was receiving oxygen at three liters per minute via a nasal cannula which was connected to a concentrator.

Resident 5's record was reviewed on 8/25/26 at 1:59 p.m. Diagnoses included, but were not limited to, COPD, chronic respiratory failure, and heart failure.

The Personal Service Plan, dated 7/30/26, indicated the resident was cognitively intact and required oxygen equipment including a concentrator and a portable tank. Oxygen was delivered at a rate of two liters per minute. She also required a nebulizer machine and had scheduled treatments.

residents on oxygen therapy for 3 months to ensure flow of oxygen matches the MD order.

A Physician's Order, dated 10/7/25, indicated oxygen at two liters per minute per nasal cannula continuously.

On 8/25/26 at 3:51 p.m., the Assisted Living Health and Wellness Director indicated the resident self-administered all of her medications and it was possible that she had adjusted the oxygen rate herself.

A policy titled, "Oxygen Therapy," received from the Assisted Living Health and Wellness Director and noted as current, indicated, "1. Oxygen therapy may be ordered by the physician or primary care provider based on the resident's medical condition...10. A physician or primary care provider order should state the oxygen source, delivery device, and flow rate. Documentation should be pertinent to the physician/primary care provider's order, and the resident's response to the oxygen therapy..."

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE Judy Sipich

TITLE Executive Director

(X6) DATE 09/11/2026