STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE VALPARAISO	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 the Investigation of Intake IN00465427. Intake IN00465427 - State deficiency related to the allegations is cited at R0149. Survey date: October 27, 2025 Facility number: 010757 Residential Census: 72 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 10/29/25.	R 0000	The following is the Plan of Correction for Brookdale Valparaiso regarding the Statement of Deficiencies dated 10/27/2025. 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 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 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on record review and interview, the facility failed to maintain an effective pest control program related to the lack of documentation of pest control services treating residents' rooms with bed bugs after they were observed for 2 of 3 residents reviewed for bed bugs. (Residents C and D) Findings include: 1. Record review for Resident C was completed on 10/27/25 at 11:38 a.m. The resident was admitted to the facility on 8/3/24 to Room 118. A Progress Note, dated 6/11/25 at 3:30 p.m., indicated housekeeping noted a bug on Resident C's bed. The resident was moved to Room 112. Resident C was moved back to Room 118 on 7/16/25. There was no documentation his room was treated by pest control services. A Progress Note, dated 10/9/25	R 0149	Corrective actions completed and how to identify other residents potentially affected: Unit of Resident C was found to be affected on 6/11/2025. Resident was isolated while personal clothing was collected & laundered per protocol. Resident C showered & dressed in clean clothing & was temporarily moved on an unaffected unit (112). Affected unit was locked & notice put on the door to see the nurse before entering. Associates informed of affected unit & instructed to follow bed bug policy which was made available in the laundry room & nurses' office. PPE was placed outside of the affected unit. Pest Control services was contacted & unit went through the treatment process. Pest control made additional visits with treatments per protocol. After final inspection, the unit was "cleared" and resident was able to return to original unit on 7/16/2025. Units on both side of the affected unit were inspected by pest control as a precaution. Associates were	12/31/2025

at 8:00 a.m., indicated the nurse observed a bed bug in the resident's room while passing medications. There were bed bugs observed to the headboard and bedding. The resident's family, Executive Director (ED) and District Director Clinical Services (DDCS) were notified. The resident's clothing was collected per protocol. The resident was to shower and be moved to temporary Room 121.

A Progress Note, dated 10/9/25 at 5:00 p.m., indicated the resident moved to temporary Room 121 due to bed bugs. The pest control services would begin treatment per protocol.

2. Record review for Resident D was completed on 10/27/25 at 10:08 a.m. The resident was admitted to the facility on 5/12/25 to Room 120.

A Progress Note, dated 6/12/25 at 7:19 p.m., indicated the resident had bed bugs in her room. The family, ED, and the DDCS were notified. The resident would temporarily be moved to Room 119 until further notice. Maintenance notified pest control services of the need for treatment to the room.

A Progress Note, dated 6/13/25 at 1:55 p.m., indicated the resident went out on pass until 6/18/25. All medications were

instructed to inform management if

they suspected any other areas to be affected.

On 10/9/2025 the unit of Resident C was found to be affet4ed. The

resident was isolated while personal clothing was collected & laundered

per protocol. Resident C showered & dressed in clean clothing &

was temporarily moved to an unaffected unit. (121) The affected unit

was locked & notice put on the door to see the nurse before entering.

Associates were informed of affected unit & instructed to follow bed bug

protocol which was made available in the luandy room & nurses' office.

PPE was placed outside of the affect4ed unit. Pest Control services

was contacted & unit went through the treatment process.

Pest control made additional visits with treatments per protocol. After

final inspection, unit 121 was "cleared" & resident was able to return

to this unit.

Units on both sides of affected unit were inspected by pest control as a

precaution. Associates were

	sent with the family. A Progress Note, dated 6/26/25 at 3:30 p.m., indicated the resident returned from leave. The resident's medications resumed. The resident returned to Room 120. There was a lack of documentation the resident's room was treated by pest control services. A Progress Note, dated 10/2/25 at 5:30 a.m., indicated there were bed bugs observed on the resident's bedding and mattress. The family, DDCS, and ED were notified. The resident's clothing was bagged up and cleaned per protocol. The resident was to be showered and moved to temporary Room 112 for time being. The facility pest control Pest Sighting/Evidence Log indicated on 6/12/25 there were bed bugs pest issue. There was a lack of documentation of an invoice or service report completed on 6/12/25 for any treatments for the bed bugs. A pest control invoice, dated 6/17/25, indicated targeted pest control products used were for mice and cockroaches. There was a lack of documentation related to services for the bed bugs.		instructed to inform management if they suspected any other areas to be affected. On 6/12/2025 unit of Resident D was ound to be affected (120) Resident was isolated while personal clothing was collected & laundered per protocol. Resident D showered & dressed in clean clothing & was temporarily moved to an unaffected unit. (119) The affected unit was locked & notice put on the door to see nurse before entering. Associates were informed of affected unit & instructerd to follow bed bug protocol what was made available in the laundry room & nurses' office. PPE was placed outside of affected unit. Pest Control services was contacted & unit went through the treatment process. On 6/13/2025, Reside D's family took resident out on pass & Resident D returned to community on 6/26/2025 once Pest Control services "cleared" unit 120. Units on both sides of affected unit were inspected by pest control as a precaution.	

A pest control service report, dated 7/1/25, indicated services for mice and cockroaches. There was a lack of documentation related to services for the bed bugs.

During an interview on 10/27/25 at 4:00 p.m., the ED indicated the former Maintenance Director no longer worked there and they were unable to locate documentation or communication from the pest control services. The residents' rooms were treated in June 2025 for the bed bugs but she could not provide any documentation they were.

A facility policy titled, "Pest Control Policy IC-15", indicated, "...The community Executive Director (ED) or Healthcare Administrator (HCA) will notify the Regional Maintenance Technician (RMT) and access professional pest control vendor resources to respond, manage, treat, and prevent infestations..."

This citation relates to Intake IN00465427.

Based on record review and interview, the facility failed to maintain an effective pest control program related to the lack of documentation of pest control services treating residents' rooms with bed bugs after they were observed for 2 of 3 residents reviewed for bed

Measures to be put into place:

A new pest control vendor will be put into place & will inspect affected

units 118 & 120 for residents C & D

Maintenance Manager & Maintenance Technicial will be in-serviced on

obtaining written documentation for all individual Pest Control

services to insure various services are not combined in one

documentation note

Maintenance Manager/designee will be responsible for re-inspecting

affected units 118 & 120 weekly for 2 months

How corrective action will be monitored:

To monitor ongoing compliance, the Executive will audit pest control

documentation for Nov 2025 & Dec 2025 for proper documentation

bugs. (Residents C and D)

Findings include:

1. Record review for Resident C was completed on 10/27/25 at 11:38 a.m. The resident was admitted to the facility on 8/3/24 to Room 118.

A Progress Note, dated 6/11/25 at 3:30 p.m., indicated housekeeping noted a bug on Resident C's bed. The resident was moved to Room 112.

Resident C was moved back to Room 118 on 7/16/25. There was no documentation his room was treated by pest control services.

A Progress Note, dated 10/9/25 at 8:00 a.m., indicated the nurse observed a bed bug in the resident's room while passing medications. There were bed bugs observed to the headboard and bedding. The resident's family, Executive Director (ED) and District Director Clinical Services (DDCS) were notified. The resident's clothing was collected per protocol. The resident was to shower and be moved to temporary Room 121.

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A Progress Note, dated 6/13/25 at 1:55 p.m., indicated the resident went out on pass until 6/18/25. All medications were sent with the family.

A Progress Note, dated 6/26/25 at 3:30 p.m., indicated the resident returned from leave. The resident's medications resumed. The resident returned to Room 120.

There was a lack of documentation the resident's room was treated by pest control services.

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were bed bugs observed on the resident's bedding and mattress. The family, DDCS, and ED were notified. The resident's clothing was bagged up and cleaned per protocol. The resident was to be showered and moved to temporary Room 112 for time being.

The facility pest control Pest Sighting/Evidence Log indicated on 6/12/25 there were bed bugs pest issue. There was a lack of documentation of an invoice or service report completed on 6/12/25 for any treatments for the bed bugs.

A pest control invoice, dated 6/17/25, indicated targeted pest control products used were for mice and cockroaches. There was a lack of documentation related to services for the bed bugs.

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	rooms were treated in June 2025 for the bed bugs but she could not provide any documentation they were. A facility policy titled, "Pest Control Policy IC-15", indicated, "...The community Executive Director (ED) or Healthcare Administrator (HCA) will notify the Regional Maintenance Technician (RMT) and access professional pest control vendor resources to respond, manage, treat, and prevent infestations..." This citation relates to Intake IN00465427.			

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 SIGNATUREJudy Sipich	TITLEExecutive Director	(X6) DATE11/09/2025