STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING VIEW NURSING AND REHABILITATION CENTER	475 NORTH NILES AVENUE, SOUTH BEND, , 46617

(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: 10/1, 10/2 and 10/3/2025 Facility number: 013149 Residential Census: 49 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 10/14/2025	R 0000	Plans of Correction for Tags R-0144 & R-0273 attached.	
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (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. Based on observation, interview and record review, the facility	R 0144	Plan of Action: 1. Immediate Corrective Measures: •	12/23/2025

	failed to ensure the carpets were clean and sanitary for 2 of 3 units and the stairs and entrance of the facility. (Entrance, stairs, 2nd floor Unit, 3rd floor Unit) Finding includes During the initial observation of the facility on 10/1/2025 at 11:00 A.M., the carpet in the reception area had large black stains and a red colored stain just before the stairs leading to the hallways. The carpet on the stairs leading to the 2nd floor and 3rd floor hallways had dark colored staining on most of the stairs and some areas of the carpet on the stairs was worn and frayed. The carpet on the 2nd and 3rd floor hallways had multiple large areas of carpet that were discolored and stained. During a tour of the facility with the Maintenance Director and the Executive Director (ED) on 10/2/2025 at 2:30 P.M., the ED indicated the carpets were old but there was no plan to replace the carpet. During an interview with the Housekeeping Supervisor (HS) on 10/2/2025 at 2:45 P.M., she indicated the facility employed a floor tech and the carpets were cleaned regularly but did not look clean even after they had been cleaned.		The facility will schedule professional carpet cleaning services for all affected areas, including the entrance, stairs, 2nd floor unit, and 3rd floor unit. • This cleaning will be completed within 60 days of this plan submission. • The cleaning will include stain removal treatment and deep sanitation of all high-traffic areas. 2. Follow-Up Evaluation: • After cleaning is completed, the Housekeeping Manager and Executive Director will jointly inspect all carpeted areas to determine the effectiveness of the cleaning. • If the cleaning does not restore the carpets to	

	The HS provided a "Floor Tech Schedule" for August and September 2025. The schedule indicated the carpets on each unit had been cleaned twice a month. During an interview on 10/3/2025 at 9:30 A.M., the ED indicated the facility did not have a policy for maintaining the facility carpets. Based on observation, interview and record review, the facility failed to ensure the carpets were clean and sanitary for 2 of 3 units and the stairs and entrance of the facility. (Entrance, stairs, 2nd floor Unit, 3rd floor Unit) Finding includes During the initial observation of the facility on 10/1/2025 at 11:00 A.M., the carpet in the reception area had large black stains and a red colored stain just before the stairs leading to the hallways. The carpet on the stairs leading to the 2nd floor and 3rd floor hallways had dark colored staining on most of the stairs and some areas of the carpet on the stairs was worn and frayed. The carpet on the 2nd and 3rd floor hallways had multiple large areas of carpet that were discolored and stained. During a tour of the facility with the Maintenance Director and		an acceptable and sanitary condition, replacement will be initiated. 3. Systematic Flooring Replacement Plan: • In the event professional cleaning is unsuccessful, the facility will implement a systematic flooring replacement plan over a 12 month period. • Flooring replacement will occur in phases, beginning with the most heavily trafficked and visibly affected areas (entrance and stairways), followed by 2nd and 3rd floor hallways and units. • Replacement will be prioritized based on resident use and safety, and completed as budget allocations allow. 4. Ongoing	

	the Executive Director (ED) on 10/2/2025 at 2:30 P.M., the ED indicated the carpets were old but there was no plan to replace the carpet. During an interview with the Housekeeping Supervisor (HS) on 10/2/2025 at 2:45 P.M., she indicated the facility employed a floor tech and the carpets were cleaned regularly but did not look clean even after they had been cleaned. The HS provided a "Floor Tech Schedule" for August and September 2025. The schedule indicated the carpets on each unit had been cleaned twice a month. During an interview on 10/3/2025 at 9:30 A.M., the ED indicated the facility did not have a policy for maintaining the facility carpets.		Monitoring: • The Housekeeping Manager will conduct monthly environmental inspections to ensure carpets remain clean, sanitary, and in good repair. • Findings will be reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings, and any issues will be addressed promptly.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. 2. During the initial observation of the facility on 10/1/2025 at	R 0273	Corrective Actions Taken: • The 3rd floor microwave was cleaned and sanitized on 10/3/2025, and staff were re-educated on daily cleaning expectations. •	10/24/2025

11:00 A.M., the first floor Unit had a common living room with a refrigerator. The inside of the regrigerator had a red and brown colored substance on the door and bottom shelf. The refridgerator did not have a temperture log posted on the outside.

During an interview with the Director of Dietary (DD) on 10/2/2025 at 2:20 P.M., the DD indicated she did not believe the Dietary department was responsible maintaining the Unit refrigerators.

During an interview with the Housekeeping Supervisor (HS) and the Executive Director (ED) on 10/2/2025 at 2:45 P.M., the HS and the ED indicated they were not sure what department was responsible for cleaning the refrigerator in the common room on the 1st floor Unit or checking the refrigerator for safe temperatures.

During an interview on 10/3/2025 at 9:15 A.M., the ED indicated Dietary was responsible for maintaining the refrigerator in the common room on the 1st floor Unit.

3. During observations of the 2nd floor Unit's Dinning Hall, the ice scoop for ice was observed uncovered and laying on the second shelf of a cart during the following times:

The 1st floor refrigerator was cleaned, sanitized, and a temperature log was posted on 10/3/2025.

- The uncovered ice scoop on the 2nd floor was sanitized and placed in a clean, covered container on 10/3/2025. A dedicated covered holder was installed for future use.

Systemic Changes to Prevent Recurrence:

- Daily cleaning and documentation of all microwaves, refrigerators, and food service equipment are now required via an updated Dietary Cleaning Schedule.
- All nourishment refrigerators will have daily temperature logs

	-10/1/2025 at 11:00 A.M. -10/1/2025 at 12:00 P.M. -10/1/2025 at 2:39 P.M. -10/2/2025 at 9:05 A.M. -10/2/2025 at 12:10 P.M. During an interview on 10/2/2025 at 12:10 P.M., CNA 2 indicated she had used the ice scoop to serve ice water to a resident. CNA 2 was unsure if the ice scoop should have been stored in a container or be covered. During an interview on 10/2/2025 at 12:11 P.M., Dietary Aide 4 indicated the ice scoop should not have been left out on the cart, but should have been placed into a container and covered. On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Food Preparation Area" and indicated it was the policy currently used by the facility. The policy indicated, "...The facility will maintain a clean, sanitary and safe food preparation area...." On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Monitoring of Cooler/Freezer Temperature" and indicated it was the policy currently used by the facility. The policy indicated, "...Logs for		checked and signed by dietary staff. • All dietary and housekeeping staff received in-service training on 10/24/2025 regarding: • Proper sanitation of all kitchen and dining appliances • Safe food storage and temperature monitoring per 410 IAC 7-24 • Covered storage and handling of utensils, including ice scoops • Environmental Services and Dietary staff will collaborate to ensure shared equipment is included in the master cleaning schedule. Monitoring	

	recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel...." On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Cleaning Ice-Making Machine" and indicated it was the policy currently used by the facility. The policy indicated, "...1. Run the ice scoop through the dish machine. Replace in plastic container...." Based on observation and interview, the facility failed to to store and prepare food in a sanitary manner for 49 of 49 residents who consumed food from the facility. Findings include: 1. During observations of the 3rd floor dining room with the Dietary Manager, on 10/1/2025 at 12:23 P.M. and on 10/2/2025 at 12:15 P.M., the microwave had food splattered on the walls and ceiling inside. During an interview on 10/1/2025 at 12:24 P.M., the Dietary Manager indicated the microwave should have been clean but she was not sure who was responsible for cleaning it. During an interview on		/ Quality Assurance: • The Dietary Manager or designee will conduct daily sanitation checks and document compliance on the Food Service Sanitation Checklist. • The Executive Director or designee will conduct weekly inspections of the kitchen and unit dining areas for 60 days, then monthly thereafter. • Any noncompliance will be corrected immediately and reported in monthly QAPI meetings. • Quarterly staff education will continue to reinforce food safety and sanitation standards.	

10/2/2025 at 9:35 A.M., the ED indicated the Dietary Department was responsible for cleaning the microwave.

2. During the initial observation of the facility on 10/1/2025 at 11:00 A.M., the first floor Unit had a common living room with a refrigerator. The inside of the regrigerator had a red and brown colored substance on the door and bottom shelf. The refridgerator did not have a temperture log posted on the outside.

During an interview with the Director of Dietary (DD) on 10/2/2025 at 2:20 P.M., the DD indicated she did not believe the Dietary department was responsible maintaining the Unit refrigerators.

During an interview with the Housekeeping Supervisor (HS) and the Executive Director (ED) on 10/2/2025 at 2:45 P.M., the HS and the ED indicated they were not sure what department was responsible for cleaning the refrigerator in the common room on the 1st floor Unit or checking the refrigerator for safe temperatures.

During an interview on 10/3/2025 at 9:15 A.M., the ED indicated Dietary was responsible for maintaining the refrigerator in the common room on the 1st floor Unit.

3. During observations of the 2nd floor Unit's Dinning Hall, the ice scoop for ice was observed uncovered and laying on the second shelf of a cart during the following times:

-10/1/2025 at 11:00 A.M.

-10/1/2025 at 12:00 P.M.

-10/1/2025 at 2:39 P.M.

-10/2/2025 at 9:05 A.M.

-10/2/2025 at 12:10 P.M.

During an interview on 10/2/2025 at 12:10 P.M., CNA 2 indicated she had used the ice scoop to serve ice water to a resident. CNA 2 was unsure if the ice scoop should have been stored in a container or be covered.

During an interview on 10/2/2025 at 12:11 P.M., Dietary Aide 4 indicated the ice scoop should not have been left out on the cart, but should have been placed into a container and covered.

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Food Preparation Area" and indicated it was the policy currently used by the facility. The policy indicated, "...The facility will maintain a clean, sanitary and safe food preparation area...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Monitoring of Cooler/Freezer Temperature" and indicated it was the policy currently used by the facility. The policy indicated, "...Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Cleaning Ice-Making Machine" and indicated it was the policy currently used by the facility. The policy indicated, "...1. Run the ice scoop through the dish machine. Replace in plastic container...."

Based on observation and interview, the facility failed to to store and prepare food in a sanitary manner for 49 of 49 residents who consumed food from the facility.

Findings include:

1. During observations of the 3rd floor dining room with the Dietary Manager, on 10/1/2025 at 12:23 P.M. and on 10/2/2025 at 12:15 P.M., the microwave had food splattered on the walls and ceiling inside.

During an interview on

10/1/2025 at 12:24 P.M., the Dietary Manager indicated the microwave should have been clean but she was not sure who was responsible for cleaning it.

During an interview on 10/2/2025 at 9:35 A.M., the ED indicated the Dietary Department was responsible for cleaning the microwave.

2. During the initial observation of the facility on 10/1/2025 at 11:00 A.M., the first floor Unit had a common living room with a refrigerator. The inside of the regrigerator had a red and brown colored substance on the door and bottom shelf. The refridgerator did not have a temperture log posted on the outside.

During an interview with the Director of Dietary (DD) on 10/2/2025 at 2:20 P.M., the DD indicated she did not believe the Dietary department was responsible maintaining the Unit refrigerators.

During an interview with the Housekeeping Supervisor (HS) and the Executive Director (ED) on 10/2/2025 at 2:45 P.M., the HS and the ED indicated they were not sure what department was responsible for cleaning the refrigerator in the common room on the 1st floor Unit or checking the refrigerator for safe temperatures.

During an interview on 10/3/2025 at 9:15 A.M., the ED indicated Dietary was responsible for maintaining the refrigerator in the common room on the 1st floor Unit.

3. During observations of the 2nd floor Unit's Dinning Hall, the ice scoop for ice was observed uncovered and laying on the second shelf of a cart during the following times:

-10/1/2025 at 11:00 A.M.

-10/1/2025 at 12:00 P.M.

-10/1/2025 at 2:39 P.M.

-10/2/2025 at 9:05 A.M.

-10/2/2025 at 12:10 P.M.

During an interview on 10/2/2025 at 12:10 P.M., CNA 2 indicated she had used the ice scoop to serve ice water to a resident. CNA 2 was unsure if the ice scoop should have been stored in a container or be covered.

During an interview on 10/2/2025 at 12:11 P.M., Dietary Aide 4 indicated the ice scoop should not have been left out on the cart, but should have been placed into a container and covered.

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Food Preparation Area"

and indicated it was the policy currently used by the facility. The policy indicated, "...The facility will maintain a clean, sanitary and safe food preparation area...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Monitoring of Cooler/Freezer Temperature" and indicated it was the policy currently used by the facility. The policy indicated, "...Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Cleaning Ice-Making Machine" and indicated it was the policy currently used by the facility. The policy indicated, "...1. Run the ice scoop through the dish machine. Replace in plastic container...."

Based on observation and interview, the facility failed to to store and prepare food in a sanitary manner for 49 of 49 residents who consumed food from the facility.

Findings include:

1. During observations of the 3rd floor dining room with the

Dietary Manager, on 10/1/2025 at 12:23 P.M. and on 10/2/2025 at 12:15 P.M., the microwave had food splattered on the walls and ceiling inside.

During an interview on 10/1/2025 at 12:24 P.M., the Dietary Manager indicated the microwave should have been clean but she was not sure who was responsible for cleaning it.

During an interview on 10/2/2025 at 9:35 A.M., the ED indicated the Dietary Department was responsible for cleaning the microwave.

2. During the initial observation of the facility on 10/1/2025 at 11:00 A.M., the first floor Unit had a common living room with a refrigerator. The inside of the regrigerator had a red and brown colored substance on the door and bottom shelf. The refridgerator did not have a temperture log posted on the outside.

During an interview with the Director of Dietary (DD) on 10/2/2025 at 2:20 P.M., the DD indicated she did not believe the Dietary department was responsible maintaining the Unit refrigerators.

During an interview with the Housekeeping Supervisor (HS) and the Executive Director (ED) on 10/2/2025 at 2:45 P.M., the HS and the ED indicated they

were not sure what department was responsible for cleaning the refrigerator in the common room on the 1st floor Unit or checking the refrigerator for safe temperatures.

During an interview on 10/3/2025 at 9:15 A.M., the ED indicated Dietary was responsible for maintaining the refrigerator in the common room on the 1st floor Unit.

3. During observations of the 2nd floor Unit's Dinning Hall, the ice scoop for ice was observed uncovered and laying on the second shelf of a cart during the following times:

-10/1/2025 at 11:00 A.M.

-10/1/2025 at 12:00 P.M.

-10/1/2025 at 2:39 P.M.

-10/2/2025 at 9:05 A.M.

-10/2/2025 at 12:10 P.M.

During an interview on 10/2/2025 at 12:10 P.M., CNA 2 indicated she had used the ice scoop to serve ice water to a resident. CNA 2 was unsure if the ice scoop should have been stored in a container or be covered.

During an interview on 10/2/2025 at 12:11 P.M., Dietary Aide 4 indicated the ice scoop should not have been left

out on the cart, but should have been placed into a container and covered.

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Food Preparation Area" and indicated it was the policy currently used by the facility. The policy indicated, "...The facility will maintain a clean, sanitary and safe food preparation area...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Monitoring of Cooler/Freezer Temperature" and indicated it was the policy currently used by the facility. The policy indicated, "...Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel...."

On 10/3/2025 at 10:20 A.M., the ED provided an undated policy titled, "Cleaning Ice-Making Machine" and indicated it was the policy currently used by the facility. The policy indicated, "...1. Run the ice scoop through the dish machine. Replace in plastic container...."

Based on observation and interview, the facility failed to to store and prepare food in a

	sanitary manner for 49 of 49 residents who consumed food from the facility. Findings include: 1. During observations of the 3rd floor dining room with the Dietary Manager, on 10/1/2025 at 12:23 P.M. and on 10/2/2025 at 12:15 P.M., the microwave had food splattered on the walls and ceiling inside. During an interview on 10/1/2025 at 12:24 P.M., the Dietary Manager indicated the microwave should have been clean but she was not sure who was responsible for cleaning it. During an interview on 10/2/2025 at 9:35 A.M., the ED indicated the Dietary Department was responsible for cleaning the microwave.			

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 SIGNATUREMitchell F. Craven	TITLEAdministrator	(X6) DATE10/23/2025