

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

PRINTED: 05/28/2025
FORM APPROVED
OMB NO. 0938-039

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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER BROOKDALE SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP COD 17441 SR 23 SOUTH BEND, IN 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IIN00456880 and IN00457415.</p> <p>Complaint IN00456880 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457415 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 12 and 13, 2025.</p> <p>Facility number: 010667</p> <p>Residential Census: 26</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 5/16/2025</p>			R 0000			
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>Based on record review and interview, the facility failed to have residents sign a Service Plan timely for 2 of 6 residents whose Service Plans were reviewed. (Resident C & 6)</p> <p>Finding includes:</p> <p>1. Resident C's record review was completed on 5/12/2025 at 1:45 P.M. Diagnoses included, but were not limited to: Cerebral infarction, type 2 diabetes mellitus and hypertension.</p> <p>Resident C's Service Plan, dated 4/22/2025, was</p>			R 0217	<p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident service plan is current and signed at this time</p> <p>2 . How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; Health and Wellness Director performed a chart audit review on</p>		05/22/2025

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

TITLE

(X6) DATE

Allison Kingery

Executive Director

05/23/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0273 Bldg. 00	<p>not signed by the resident and/or the resident's representative.</p> <p>During an interview on 5/13/2025 at 11:45 A.M., the Health and Wellness Director (HWD) indicated Resident C's service agreement had not been signed by the resident.</p> <p>2. Resident 6's record review was completed on 5/13/2025 at 11:00 A.M. Diagnoses included, but were not limited to: cerebral infarction, hypertension, atrioventricular block and sick sinus syndrome.</p> <p>Resident 6's Service Plan, dated 10/8/2024, was not signed by the resident and/or the resident's representative.</p> <p>During an interview on 5/13/2025 at 11:45 A.M., the HWD indicated Resident 6's service agreement had not been signed by the resident.</p> <p>On 5/13/2025 at 11:41 A.M., the HWD provided a policy dated 3/2020 and titled, "Service Plan Process Policy". The HWD indicated the policy was the one currently used by the facility. The policy indicated, "...Upon initial review and subsequent changes, members of the community care team that contributed to the service Plan, including the Executive Director or designee, or nurse and the resident/legally responsible party should sign the Service Plan...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation and interview, the facility failed to store food under sanitary conditions related to undated and unlabeled food in the double-door refrigerator for 1 of 1 kitchen areas</p>			R 0273	<p>5-22-25 and all service plans are current.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Health and Wellness Director or designee will review service plans with resident or resident representative as care plans come due or with any changes in condition.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Executive Director or designee will audit personal service plans 1x per month for 6 months to verify service plans have been signed by resident or responsible party.</p> <p>Food identified during survey that was allegedly out of compliance was immediately disposed of. No residents were affected by the</p>		05/22/2025

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	<p>observed. This issue had the potential to affect 26 of 26 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour, on 5/12/2025 at 10:05 A.M., with Employee 5, the following were observed in the double-door refrigerator:</p> <ul style="list-style-type: none"> -a Ziploc bag was opened and contained sliced white cheese - labeled with a use by date of 4/11/2025, -an opened bag of shredded white cheese with a use by date of 4/8/2025, -an opened Ziploc bag that was malodorous and contained uncooked bacon, undated and unlabeled, laying next to sealed pack of uncooked bacon -a basketball-sized container of orange and yellow fruit pieces in liquid, unlabeled and undated, -one half of a cucumber, cut on both sides, wrapped in plastic wrap, undated and unlabeled and -an opened bag of lettuce, undated and unlabeled. <p>During an interview, on 5/12/2025 at 10:10 A.M., Employee 5 indicated the undated, unlabeled and expired food items should have been thrown away.</p> <p>On 5/13/2025 at 10:10 A.M., the Administrator provided a policy titled, "Labeling - DS-04.028," dated 9/2024 and indicated the policy was the one currently used by the facility. The policy indicated " ...All food items must be labeled and dated before storing..."</p>				<p>alleged deficient practice.</p> <p>Alleged deficient practice had the potential to affect current residents. Completed audit of food in fridges, freezers and dry pantry on or before 5/22/25</p> <p>Kitchen manager and staff to be in-serviced on dating and labeling food per community policy.</p> <p>Executive Director or designee to do audit of kitchen sanitation 1x for 4 weeks then 1x's monthly for 5 months to verify that foods are properly dated labeled and stored.</p>		