

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of the Willows		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Elizabeth Dr Valparaiso, IN 46383	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p>

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.

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

TITLE

(X6) DATE

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented, related to incontinence care documentation for 3 of 3 residents reviewed for activities of daily living (ADL) care. (Residents B, C, and D) Findings include: 1. Resident B's record was reviewed on 9/29/25 at 10:09 a.m. Diagnoses included, but were not limited to, high blood pressure, adult failure to thrive, and mild cognitive impairment. The admission Minimum Data Set (MDS) assessment, dated 8/11/25, indicated the resident was cognitively intact, required substantial to maximal assistance with toileting, bed mobility, and was dependent for transfers. The resident was frequently incontinent of bowel and bladder. A Care Plan, dated 8/18/25, indicated the resident had urinary incontinence. Interventions included, but were not limited to, assist with toileting and pericare as needed. The CNA (Certified Nursing Assistant) Task, B&amp;B - Bowel and Bladder Elimination, indicated CNAs were to document at least every shift (3 times a day) incontinence care provided. Documentation included whether the resident was incontinent or continent of bowel and bladder. The task was reviewed for the previous 30 days and indicated there was no documentation of incontinence care provided during the following shifts: - Day shift: 9/5, 9/6, 9/9, 9/13, 9/14, 9/24, 9/25, and 9/26/25- Night shift: 9/6, 9/10, 9/13, 9/18, 9/20, 9/21, 9/23, 9/24, and 9/25/25 During an interview on 9/29/25 at 2:45 p.m., the Regional Nurse Consultant indicated the CNAs were supposed to chart incontinence care at least three times a day on the CNA Tasks. She had no further information to provide. 2. Resident C's record was reviewed on 9/29/25 at 10:38 a.m. Diagnoses included, but were not limited to, paranoid personality disorder, bipolar disorder, and hemiplegia (paralysis) affecting the right dominant side. The admission Minimum Data Set (MDS) assessment, dated 8/18/25, indicated the resident was moderately cognitively impaired, was dependent on staff for toileting hygiene, and was occasionally incontinent of bowel and bladder. A Care Plan, dated 9/16/24, indicated the resident had a self-care deficit in performing daily care tasks. Interventions included, but were not limited to, resident required assist with transfers and toileting. The CNA (Certified Nursing Assistant) Task, B&amp;B - Bowel and Bladder Elimination, indicated CNAs were to document at least every shift (3 times a day) incontinence care provided. Documentation included whether the resident was incontinent or continent of bowel and bladder. The task was reviewed for the previous 30 days and indicated there was no documentation of incontinence care provided during the following shifts: - Day shift: 9/4, 9/6, 9/9, 9/24, and 9/26/25- Evening shift: 9/8- Night shift: 9/6, 9/7, 9/10, 9/24, and 9/25/25 During an interview on 9/29/25 at 2:45 p.m., the Regional Nurse Consultant indicated the CNAs were supposed to chart incontinence care at least three times a day on the CNA Tasks. She had no further information to provide. 3. Resident D's record was reviewed on 9/29/25 at 11:09 a.m. Diagnoses included, but were not limited to, alcohol-induced persisting dementia and cognitive communication deficit. The Quarterly Minimum Data Set (MDS) assessment, dated 8/27/25, indicated the resident was severely cognitively impaired, required substantial to maximal assistance for toileting hygiene, and was frequently incontinent of bowel and bladder. A Care Plan, dated 1/19/24, indicated the resident had occasional urinary incontinence. Interventions included, but were not limited to, assist with toileting and pericare as needed. The CNA (Certified Nursing Assistant) Task, B&amp;B - Bowel and Bladder Elimination, indicated CNAs were to document at least every shift (3 times a day) incontinence care provided. Documentation included whether the resident was incontinent or continent of bowel and bladder. The task was reviewed for the previous 30 days and indicated there was no documentation of incontinence care provided during the following shifts: - Day shift: 9/1, 9/4, 9/8, 9/10, 9/13, and 9/14/25- Evening shift: 9/10, 9/12, 9/16, 9/20, 9/21, 9/24, and 9/25/25- Night shift: 9/3, 9/4, 9/10, 9/12, 9/13, 9/14, 9/15, 9/16, 9/19, 9/20, 9/23, and 9/27/25 During an interview on 9/29/25 at 2:45 p.m., the Regional Nurse Consultant indicated the CNAs were supposed to chart incontinence care at least three times a day on the CNA Tasks. She had no further information to provide. A facility policy titled, Critical Notes, received on 9/29/25 at 2:55 p.m. and noted as current from the Regional Nurse Consultant, indicated, Incontinence management, urinary, long-term care. perform hand hygiene, put on gloves and other personal protective equipment. clean the perineal area. remove personal protective equipment, perform hand hygiene, and document the procedure. This citation relates to Intake 2595565.3. 1-50(a)(2)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to ensure the residents' environment was clean and in good repair related to dirty and discolored vents, exposed electrical wiring, and a broken baseboard heating cover for 3 of 3 units and the dining room. (East Hall, Center Hall, [NAME] Hall, and Dining Room) Findings include: During an Environmental Tour on 9/29/25 at 8:55 a.m., the following was observed: 1. East Halla. The ceiling vents were dirty and discolored throughout the hallway. 2. Center Hall a. The ceiling vents were dirty and discolored throughout the hallway.b. There was exposed electrical wiring in the hallway across from room [ROOM NUMBER].c. There were exposed electrical wiring hanging from a ceiling tile in the center hallway. 3. [NAME] Halla. The ceiling vents were dirty and discolored throughout the hallway. 4. Dining Room a. The vents in the dining room were dirty and discolored.b. The baseboard heating unit cover was not attached. During an interview on 9/29/25 at 9:49 a.m., the Maintenance Director indicated he was aware of the exposed wiring. The covers had been knocked off somehow about a week ago and he had not replaced the covers yet. He had told housekeeping to dust the vents throughout the facility and was in the process of replacing the vents in the kitchen at the time. The rest of the vents throughout the facility were in need of power washing or replacing. This citation relates to Intake 2595565. 3.1-19(f)</p>