

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Valparaiso Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 606 Wall Street 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 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>Based on observation and interview, the facility failed to maintain a sanitary, safe, and homelike environment related to accident hazards observed to the hallway on the dementia unit during construction, and dirty resident care equipment on both units. (Cottage, East Unit, [NAME] Unit) Findings include:1. On 12/11/25 at 10:30 a.m., the Cottage Dementia Unit was observed. There were multiple residents and staff observed in the dining area and lounge area. The hallway to the resident rooms had two fire doors closed. The door did not have windows to see into the hallway. Upon opening the door to the hallway, there was someone standing on a ladder. The door was then closed and staff were asked if people were able to go back there. The Memory Care Support Specialist (MCCS) indicated anyone could go back into the hallway. The facility staff were keeping the doors closed due to the dust coming from the construction that was taking place in the hallway. Upon entering the hallway, there were multiple construction workers in the hallway. There were drop cloths observed on the ground with multiple ladders. Not all the ladders were being used by the construction workers at that time. There were power tools observed on the floor. There were 4 residents who were observed in their rooms with the doors closed. The MCCS indicated 3 out of the 4 residents observed in their rooms were mobile and could walk unassisted or with a walker. There were no staff observed in the hallway or in the resident rooms.</p> <p>During an interview at the time of the observation, the MCCS indicated the staff had gotten the residents up and into the dining/lounge area earlier, but a few of the residents did not want to come out of their rooms yet. She did not have any staff stationed in the hallway to make sure if the residents did decide to come out of their rooms and into the hallway, that they had assistance to walk down the hallway safely with the drop cloths, ladders, and power tools in the hallway. Going forward, she would make sure a staff member was always stationed in the hallway if there were residents in their rooms and the hallway fire doors were shut during the construction.</p> <p>2. During the group resident council interview on 12/16/25 at 2:02 p.m., the residents indicated the sit to stand lifts needed to be cleaned. The wheels were dirty and had hair stuck in them.</p> <p>During the environmental tour on 12/17/25 at 2:35 p.m. with the Maintenance Supervisor, the following was observed:-The East Wing sit to stand lift had a dried brown substance and crumbs on the bottom rails. There was hair and debris built up in the wheels.-The [NAME] Wing sit to stand lift had hair and debris built up in the wheels.</p> <p>During an interview with the Maintenance Supervisor at the time of the tour, he indicated the CNAs would clean the lifts in between uses but were probably focused on the handles and high touch areas.</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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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This citation relates to Intake 2653024. 3.1-19(e)