

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 02/20/2026
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)		
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure a gastrostomy tube (feeding tube) feeding was administered and documented at the rate ordered by the physician to assist with pressure wound healing for 1 of 2 residents reviewed for feeding tubes with pressure ulcers. (Resident E) Finding includes: During observations on 2/18/26 at 8:41 a.m., 2/18/26 at 11:30 a.m., and 2/19/26 at 2:25 p.m., Resident E was lying in bed and the liquid feeding of Jevity 1.5 calories was infusing at 45 cubic centimeters (cc's) per hour. During an interview on 2/18/26 at 11:30 a.m., the Wound Care Nurse Practitioner indicated the resident had two unstageable pressure sores (full thickness wounds) observed on admission, one on the left buttock and one on the left ischium. Both areas were still present and improving. Resident E's record was reviewed on 2/19/26 at 1:52 p.m. The diagnoses included, but were not limited cerebral palsy and gastrostomy tube. A Care Plan, dated 2/3/26, indicated enteral feeding (tube feeding) was required to meet the resident's nutrient needs. The interventions included the enteral feeding would be administered as ordered by the physician. A Care Plan, dated 2/3/26, indicated there were unstageable pressure ulcers to the left buttock and left ischium present on admission. The interventions included the enteral feeding would be administered as ordered by the physician. An admission Minimum Data Set, dated [DATE], indicated a feeding tube was present and was fed 51% or more of nutrition and 501 cc's of fluid daily via the feeding tube. There was no significant weight loss or gain. There were two unstageable pressure ulcers present on admission. A Registered Dietician's Progress Note, dated 2/9/26 at 10:01 a.m., indicated the tube feeding of Jevity 1.5 was administered at 45 cc's per hour for 24 hours with the water flushes of 100 cc's every six hours. The feeding provided 1620 calories, 69 grams of protein and 821 cc's of water. The water flushes provided 400 cc's of water for a total of 1221 cc's of water. There were unstageable pressure ulcers on the left ischium and left buttocks. The recommendation was to increase the Jevity 1.5 to 55 cc's an hour over 24 hours. The new tube feeding rate provided 1980 calories, 84 grams of protein and 1003 cc's of water. The new rate provided greater than 75% of estimated protein and fluid needs. A Physician's Order, dated 2/17/26, indicated Jevity 1.5 was to be administered at 55 cc's per hour continuously. The Medication Administration Record, dated 2/20/26, indicated the tube feeding was being administered at 55 cc's an hour on 2/18/26 on the day, evening, and night shift. There was no documentation that indicated the feeding was being administered on 2/19/26 day shift. A facility feeding tube policy, dated 1/2015 and received from the Director of Nursing as current, indicated the licensed nurse would implement the physician's orders for enteral therapy. This citation relates to Intakes 2716516 and 2732978.3.1-44(a)(2)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155166
		If continuation sheet Page 1 of 1