STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155355	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Bend Nursing and Rehabilitation	4600 W Washington Ave South Bend, IN 46619

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview the facility failed to prepare food under sanitary conditions in 1 of 1 kitchens. This had the potential to affect 66 out of 67 residents who ate food prepared in the kitchen.Finding includes: During a tour of the kitchen on 3/9/2026 at 9: 38 A.M. with the Culinary Manager (CM) the following was noted:-the wall around the handwashing sink was dirty with brown and yellow spots and drips-3 stainless steel skillets were black and brown colored greasy skillet on both the inside and outside surfaces-and the top of 2 water heaters were covered with dust and debris. During an interview on 3/9/2026 at 9:48 A.M., the CM indicated the wall near the handwashing sink should have been cleaned, they probably should order new frying pans, and the top of the water heaters should have been free of dust and debris. On 3/13/2026 at 10:05 A.M. a current policy, dated 6/2025 and titled Kitchen Cleanliness, was provided by the ED. The policy indicated, .A clean, sanitary, and safe kitchen environment will be maintained at all times to ensure the health and well-being of our residents, staff, and visitors. All kitchen areas, including food preparation surfaces, equipment, storage areas, walls, and floors must be cleaned regularly and kept free of debris, spills, and potential contaminants 410 IAC (Indicana Administrative Code) 16.23.1-21(i)(3)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a sanitary environment on the 200 Unit for 1 of 3 Units whose environment was observed. (200 Unit)During a continuous observation of the 200 Unit's environment on 3/6/2025 from 9:30 A.M. until 3:30 P.M., and during an environment tour with the Housekeeping Supervisor (HS) on 3/13/2025 at 11:00 A.M., the following was observed:-Two ceiling air vents above the 200 Unit Medication Cart had a heavy build up of dust.-A heavy build up of dust on the blinds and window sills of rooms 208, 216 and 218.-room [ROOM NUMBER] had a dried brown substance on the wall in the corner of the room.-The toilet in room [ROOM NUMBER] had a brown stains inside the bowl 3/6/2026 and had hard water stains on 3/13/2025 inside the bowel.-Used towels and wash clothes were on the floors in the bathroom of rooms 208, 216, 212 and 220. During an interview with the HS on 3/13/2025 at 1:20 A.M., the HS indicated toilets should be cleaned daily, even for residents who are always incontinent and the build-up in the toilet of room [ROOM NUMBER] was from the hard water. The HS indicated the blinds and window sills should be cleaned and air vents in the hallway should have been dusted every week. If Housekeeping found towels/washcloths on the floor, the facility would investigate to see if the resident had placed the towel/washcloth on the floor or if the staff had placed the towel/washcloth on the floor. If it was found the staff had been placing the dirty towels/washcloths on the floor, the HS would talk with the nursing staff. On 3/13/2025 at 11:30 A.M., the Executive Director provided a policy dated, 12/2021 and titled, Daily Cleaning Procedure and identified it as the policy currently used by the facility. The policy indicated, .Daily Resident Rooms .clean and disinfect the restroom .Extra duties for Resident Rooms and all common areas .Monday: High dust room, including bathrooms, wall hangings, TVs and ceilings. Tuesday: Wipe down walls where dirt and food debris is apparent .Fridays: Window treatments, including window blinds, clean/dust window sill On 3/13/2025 at 11:30 A.M., the Executive Director provided a policy dated, 12/2021 and titled, Restroom Cleaning Procedure and identified it as the policy currently used by the facility. The policy indicated, .6. Clean toilet bowl and exterior of toilet 410 IAC 16.2-3.1-19(e)