STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155824	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of South Bend	52565 State Road 933 South Bend, IN 46637

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to ensure a CNA (Certified Nursing Aide) followed the resident's comprehensive care plan regarding fall prevention for 1 of 3 residents reviewed for falls. (Resident B) This resulted in the resident falling to the floor, fracturing both femurs (thigh bones) and required surgical repair of the fractures and hospitalization after the staff member left the resident seated on the side of their bed, without supervision. (Resident B) Finding includes: A facility self-reported incident #300, dated 5/30/25 at 10:39 A.M., indicated Resident B was .sitting on bed and attempted to transfer unassisted and fell on her side. Resident was immediately assessed by nurse and pain in torso was reported .order received to send to ED [Emergency Department] X-rays show acute displaced longitudinal oblique fracture of the distal diaphysis and distal metaphysis of the femur with a mild amount of hemorrhage at the fracture site On 6/26/25 at 10:22 A.M., Resident B was not observed in her room, the bed had been made, and a mat was folded up against the wall. A bolster/perimeter mattress (a mattress with elevated sides) was observed with bilateral bolsters on the sides of the bed. The resident was observed in the hallway, near the nurses station, in a high back wheelchair. She did not respond to her name or other questions. She was observed to stare but made no vocal sounds. On 6/24/25 at 10:46 A.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included, but were not limited to: dementia, unsteadiness on feet, muscle weakness, abnormalities of gait/mobility and depression. The Annual Minimum Data Set (MDS) Assessment, dated 4/15/25, indicated the resident had inattention with disorganized thinking, required substantial/maximal assistance from a staff member when she went from a lying to a standing position and when she went from a seated to standing position. The resident's current care plan, initiated on 11/18/24, indicated the resident had .impaired cognition with associated short term memory impairment and risk for confusion, disorientation, altered mood, impaired or reduced safety awareness & communication r/t [related to] Dementia. Sometimes understood/understands The interventions included, but were not limited to: pay attention to basic needs, provide cues and supervision for decision making. (continued on next page)

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
	155824	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of South Bend	52565 State Road 933 South Bend, IN 46637

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 0689 Level of Harm - Actual harm Residents Affected - Few	A current fall care plan, initiated on 10/4/23, indicated Resident B was at risk for falls related to a history of falls, poor safety awareness due to a diagnosis of dementia and decreased mobility. The interventions included, but were not limited to: fall mat next to bed, bed in the low position, staff to assist with transfers and a perimeter mattress to define edges of the bed. A facility Profile Care Guide (information that directed resident care for CNA's), dated 9/18/24, indicated the resident required one staff member for transfer assistance. A Nursing Progress Note, dated 5/30/25 at 10:39 A.M., indicated CNA 3 had called LPN 2 into Resident B's room to have the resident assessed after a fall. CNA 3 indicated the resident had been seated at the side of her bed and CNA 3 had walked away from the resident to grab something. CNA 3 had heard a thump and found the resident lying on her left side, in a seated position. The resident had complained of bilateral hip and knee pain, but was unable to verbalize the severity of pain per a pain scale. An emergency room Report, dated 5/30/25 at 12:32 P.M., indicated the resident had presented to the emergency room with a left leg deformity after a fall from the edge of the bed. .She was reportedly at the edge of the bed and fell to the ground, sustained an injury to the left leg and has some swelling above the knee along with some deformity and tenderness An X-ray indicated the resident had a comminuted distal femur fracture. The report indicated at 2:54 P.M., a re-examination was conducted due to the resident's pain and swelling of the right knee area. Another x-ray was obtained which revealed a fracture of the right distal femur. The Assessment/Plan from the emergency room indicated the following: fall from ground level, left femur fracture, periprosthetic (fracture associated with an orthopedic implant-history of femur fracture with internal fixation) and acute traumatic fracture right distal femur. admitted to the hospital in stable condition. The hospital Computerized Tomography (CT) results indicated the following: .right acute displaced oblique fracture of the distal femur. (The long bone in the thigh area, when it breaks in a diagonal pattern it could be related to traumatic injury-forceful blow or twisting of the leg) . The hospital CT results of the left leg revealed an old proximal femur fracture with an internal fixation (previous fracture repair) with a .left comminuted, obliquely oriented fracture of the distal femur. The distal fracture fragment is medially displaced by 1 full shaft width at time of the CT. Bones severely demineralized (When a fracture is displaced, it means that the broken ends of the bone are not aligned correctly and have shifted our of their normal pattern) A form titled, Statement of Witness Form, dated 6/1/25, indicated the Administrator and the Director of Nursing (DON) had spoken to CNA 3 regarding the incident. The statement indicated CNA 3 had moved the floor mats to position the wheelchair next to the resident's bed, for a transfer. There were no other statements regarding the investigation of the fall. CNA 3 was terminated due to misconduct and policy violation, unrelated to incident, on 6/11/25. A form titled, Disservice/Training Log, dated 6/1/25, indicated CNA 3 had been in-serviced on transfer training. Resident B returned from the hospital, on 6/4/25 at 9:44 P.M. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155824	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of South Bend	52565 State Road 933 South Bend, IN 46637

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 0689 Level of Harm - Actual harm Residents Affected - Few	An Interdisciplinary Team (IDT) Progress Note, dated 6/2/25 at 9:41 A.M., indicated Resident B had a fall. . Resident was sitting on the edge of bed, aide was getting ready to transfer resident to w/c [wheelchair] while getting a washcloth resident attempted to transfer self and fell to the floor. Resident has severe cognitive deficits r/t [related to] dx [diagnosis] of dementia and does not remember that she requires assistance with transfers .Immediate intervention resident sent to ER [Emergency Room] for eval [evaluation] and treat, ghost alarm place to bed During an interview, on 6/24/25 at 12:02 PM. the Administrator indicated when he had documented, on the incident report, he had only observed one of the CT results and was unaware there were actually two femur fractures when he reported the incident. On 6/24/25 at 2:17 P.M., the Administrator provided a policy titled, Fall Management Program Guidelines, dated 5/31/17 and last reviewed on 12/17/24 and indicated the policy was the one currently used by the facility. The policy indicated .[Name of Corporation] strives to maintain a hazard free environment, mitigate fall risk factors and implement preventative measures. [Name of Corporation] recognizes even the most vigilant efforts may not prevent all falls and injuries. In those cases, intensive efforts will be directed toward minimizing or preventing injury This citation relates to Complaint IN00460706. 3.1-45(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155824	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of South Bend	52565 State Road 933 South Bend, IN 46637

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based an observation, interview and record review, the facility failed to ensure 3 of 5 staff members (CNA 4, 5 and 6) reviewed followed fall protocols after a resident experienced a fall for 1 of 3 residents reviewed for falls. (Resident C) Finding includes: A facility self-reported incident, #301, dated 6/4/25 at 6:57 A.M., indicated Resident C was .lowered to the floor after sitting on edge of the wheelchair and not able to sit back .Nurse immediately made the resident comfortable and assessed resident she had complaint of left knee pain .Dr [doctor] ordered x rays in house and they were inconclusive. Facility sent to local ED [Emergency Department] for x rays to confirm or deny a fracture Under the portion of the form, titled Type of injury, added on 6/6/25 was acute fracture of the femoral metaphysis [wide part of the thigh bone) with displacement. (When a fracture is displaced, it means that the broken ends of the bone are not aligned correctly and have shifted our of their normal pattern) A form titled, Statement of Witness Form, dated 6/4/25 and documented by CNA 4 indicated .she [Resident C] was done using the bathroom and I got her up and she was standing up so I told her we were going in the chair so I got her in the chair but for some reason she didn't sit all the way back so she told me to wait and she leaned forward because she was on the edge and couldn't push herself back, she ended up going forward mind you her chair was right beside her before she sat down but instead of her going back she went forward and barely hit the wall, it wasn't like she just fell her knees went forward and hit the wall. I tried to get her up but she was too heavy for me, so I moved the wheelchair back as I'm standing over her and lowered her to the ground and went and got help. I went and got [name of CNA 5] because I knew the nurse had to assess her and I also got [CNA 6] come and help us. [Name of CNA 5] went and got a blanket and put it under her [the resident] and all three of us picked her up and put her in bed (sic) There were no written statements from CNA 5 or CNA 6. A form titled, Statement of Witness Form, dated 6/4/25 and documented by LPN 7, indicated he had been notified, on 6/4/25 at approximately 4:00 A.M. that CNA 4 had been looking for him because Resident C had been lowered to the floor while being transferred from the toilet to her wheelchair. On 6/24/25 at 12:42 P.M., a review of the clinical record for Resident C was conducted. The resident's diagnoses included, but were not limited to: Hemiplegia (severe paralysis) following cerebral infarction (stroke) affecting right non-dominant side, osteoarthritis and altered mental status. The Quarterly Minimum Data Set (MDS) Assessment, dated 5/24/25, indicated the resident required substantial/maximal assistance from a staff member when she went from a lying to a standing position and when she went from a seated to a standing position. The resident was documented as having used a wheelchair and had had no falls since their admission nor since the last assessment. A Fall care plan, dated 8/20/20 and last reviewed 6/23/25, indicated Resident B was at risk for a fall related to right hemiplegia, balance deficits, confusion, impulsivity, a history of falls and non-compliance with call light. The interventions included, but were not limited to: encourage resident to assume standing position slowly, provide non-skid footwear, staff to assist resident with transfers, as needed and staff to use gait belt for transfers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155824	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellbrooke of South Bend	52565 State Road 933 South Bend, IN 46637

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Nursing Progress Note, written by LPN 7, dated 6/04/25 6:57 A.M., indicated the resident had been lowered to the floor by a CNA after transferring her from the toilet to the wheelchair, at 4:00 A.M. Resident C had been seated on the edge of the wheelchair and while she had been attempting to sit back further (in the wheelchair), her knees had hit the wall and she was not able to stand properly, so the resident had been lowered to the floor. The Resident had been assisted from the floor, to the wheelchair with the assistance of 2 persons and then placed back in bed. There were no injuries documented. A Nursing Progress Note, dated 6/5/25 at 12:22 P.M., indicated the resident had complained of increased pain. Tylenol had not helped much and she wanted something stronger,. The note indicated the nurse had called the physician. At 2:32 P.M., the resident's daughter had requested her mother be sent to a local Emergency Room. An emergency room Physician Note, dated 6/5/25, indicated the resident had fallen at the facility while she was being transferred from the toilet to a wheelchair. The patient had a history of left-sided stroke and had not bore weight on that leg previously. During the exam, the patient had positive tenderness to the left distal femur region and metatarsals of left foot. An Assessment/Plan: indicated the resident had a fracture of left femur, a fracture of the metatarsal of left foot and a prescription had been written for pain medication. The Patient had been placed in a splint and released back to the facility and was to follow up with an orthopedic physician. The Resident's family had been in agreement for the resident to return to the facility. During an observation/interview, on 6/24/25 at 1:56 P.M., Resident C had no memory of the fall, was unable to recall who the president was and thought it was June 7th. The call light was observed within reach. The resident indicated she was very tired and had been at therapy and needed a rest. During an interview, on 6/25/25 at 1:20 P.M., the DON indicated the facility had no policy, except for the Indiana State Department of Health Nurse Aide Curriculum, that would have indicated what a nurse aide was required to do if a resident fell. During an interview, on 6/25/25 at 1:30 P.M., CNA 5 indicated she had assisted Resident C off of the floor and onto her bed, with the assistance of 2 other staff members, CNA 4 and CNA 6. She indicated they had been waiting on the nurse but the resident was screaming she wanted to get her off of the floor, so they had assisted the resident to get off of the floor and back into her bed. The Indiana State Department of Health Nurse Aide Curriculum, dated 7/1998, revised on 11/19/15, indicated on page 27, .II. Falls - the consequences of falls can range from minor bruises to fractures and life-threatening injuries .C Intervention 1. If a resident begins to fall, never try to stop the fall. Gently ease the resident to the floor and: a. Call for help immediately, and b. Keep the resident in the same position until the nurse examines the resident 3.1-14(i)