

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Wellbrooke of South Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to notify a resident's responsible party when a urinary catheter had become dislodged and was replaced, for 1 of 3 residents reviewed for hospice care, (Resident B). Finding Includes:On 12/10/25 at 10:00 A.M., Resident B's clinical record was reviewed. The resident was admitted to the facility from home under hospice services for 6 days of respite care. Diagnoses included but were not limited to degenerative disease of the nervous system, senile degeneration of the brain, dementia, Alzheimer's disease, hypertension, and chronic kidney disease. Resident B's MDS (Minimum Data Set) assessment dated [DATE] for Discharge Assessment, indicated the resident had severe cognitive impairment. The resident had a catheter and was frequently incontinent of bowel. A Nursing Progress Note, dated 11/21/25 at 6:50 P.M., indicated Resident B had stood up from her wheelchair and pulled her urinary catheter out. The Hospice company was called and indicated they would send a nurse to the facility to reinsert the catheter.A Nursing Progress Note, dated 11/21/25 at 9:41 P.M., indicated the hospice nurse had reinserted the catheter without difficulty. Review of the hospice visit note, dated 11/21/25 from 8:25 P.M. to 9:19 P.M., indicated upon their arrival to the facility, Resident B had been awake lying in bed, and had denied any pain or discomfort. A new urinary catheter had been inserted without discomfort. It was noted that the dislodged catheter balloon had not been fully inflated having only 10ccs of fluid in it rather than 30ccs as required. On 12/10/25 at 10:20 A.M., an interview with the Administrator indicated on the day of admission, 11/21/25, Resident B had stood up unassisted from her wheelchair and had caused her urinary catheter to pull out. The Administrator indicated the facility nursing staff had immediately notified hospice services, who then came to the facility and reinserted a new catheter. The Administrator indicated he believed hospice services had notified the family at that time, so the facility had not attempted to notify the family again. On 12/11/25 at 9:16 A.M., an interview with the Hospice Executive Director, indicated she did not believe her staff nurse had notified the family that the urinary catheter had come out and a new catheter had been placed. The Hospice Executive Director indicated that the nurse who placed the catheter on Friday night should have notified the residents' responsible party. On 12/11/25 at 2:05 P.M., the facility Administrator provided a policy titled, Notification of Change in Condition, dated 12/8/25. The policy indicated, .To ensure appropriate individuals are notified of change in condition. The facility must inform the resident's legal representative when.A need to alter treatment significantly.Documentation of notification or notification attempts should be recorded in the resident Electronic health record.This citation relates to complaint 2686804. 3.1-5(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: 155824
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