STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155831	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcliff Health & Rehabilitation Center	5024 Western Avenue 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to report an unusual occurrence that resulted in resident injuries to the Indiana State Survey Agency for 1 of 1 residents reviewed for injuries. (Resident 1)Finding includes:Resident 1's record review was completed on 8/4/2025 at 2:10 P.M. Diagnoses included, but were not limited to: bipolar type schizoaffective disorder, mild intellectual disability, anxiety disorder and dementia. An Incident Note dated, 11/23/2024 at 6:35 P.M., indicated facility staff had found Resident 1 in his room with blood on his sheets. After staff had assessed the resident, he was found to have had a small pumpkin in his brief with the stem pointed up, toward the rectum with blood noted to the pumpkin stem. Resident 1's rectum was assessed and a butter knife with only the handle of the blade was observed outside of the rectum. The resident had indicated he had inserted a straw into his rectum as well. Staff had observed the resident's meal tray and all his utensils were accounted for but there was no straw. Emergency Services was called, as well as the physician, the Executive Director (ED) and the Director of Nursing. The Paramedics arrived and took Resident 1 to the hospital. A Nursing Note dated 11/24/2025 at 3:46 P.M., indicated Resident 1 had been admitted to a local hospital and had received an ostomy (surgically created opening in the body to allow for the discharge of bodily waste), had a Jackson Pratt (JP) drain (a type of surgical drain used to remove excess fluid from a surgical site) and had an indwelling catheter (flexible tube inserted into the bladder to drain urine continuously) placed as a result of injuries suffered from the items being put into his rectal cavity. A review of the Facility Reported Incidents was completed on 8/5/2025 at 3:00 P.M. There had not been an incident related to a resident inserting an object into his rectum and requiring hospitalization and an ostomy reported to the Indiana State Survey Agency. During an interview with the ED on 8/7/2025 at 11:20 A.M., the ED indicated the facility's Interdisciplinary Team (IDT) had met and discussed the incident, but believed it was an extension of Resident 1's current behavior and the incident had not needed to be reported. On 8/7/2025 at 11:20 A.M., the ED provided a policy dated 5/9/2023, and titled, Incident and Reporting Policy. The ED indicated it was the policy currently used by the facility. The policy indicated, .All incidents, including but limited to abuse . or unusual occurrences, must be reported and investigated promptly. Sterling Healthcare adheres to all applicable state and federal laws and regulations . Regulatory Reporting: Facility will follow all federal state requirements for reporting incidents . Reportable incidents will be submitted to: State Survey Agency 3.1-28(e)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0740 Level of Harm - Actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. (continued on next page)

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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 0740 Level of Harm - Actual harm Residents Affected - Few	Based on record review and interview, the facility failed to implement effective, ongoing interventions to prevent behaviors for a resident with a history of behaviors. This deficient practice resulted in a hospitalization due to injuries incurred due to behaviors for 1 of 1 residents reviewed for behavior management. (Resident 1)Finding includes: Resident 1's record review was completed on 8/4/2025 at 2:10 P. M. Diagnoses included, but were not limited to: bipolar type schizoaffective disorder, mild intellectual disability, anxiety disorder and dementia.A Nursing Progress Note dated, 9/19/2025 at 12:15 P.M., and signed by the Director of Nursing (DON), indicated Resident 1 continued to insert foreign objects into his rectum. An Incident Note, dated 11/23/2024 at 6:35 P.M., indicated facility staff had found Resident 1 in his room with blood on his sheets. After staff had assessed the resident, he was found to have had a small pumpkin in his brief with the stem pointed up, toward the rectum with blood noted to the pumpkin stem. Resident 1's rectum was assessed and a butter knife with only the handle of the blade was observed outside of the rectum. The resident had indicated he had inserted a straw into his rectum as well. Staff had observed the resident's meal tray and all utensils were accounted for except for the straw. Emergency Services were called, the provider, Executive Director (ED) and Director of Nursing were notified. The Paramedics arrived and took Resident 1 to the hospital. A Nursing Progress Note dated, 11/24/2024 at 3:46 P.M., indicated Resident 1 had been admitted to a local hospital and had received an colostomy (surgically created opening in the body to allow for the discharge of bodily waste), had a Jackson Pratt (JP) drain (a type of surgical drain used to remove excess fluid from a surgical site) and had had an indwelling catheter (flexible tube inserted into the bladder to drain urine continuously) placed.A Quarterly Minimum Data Set (MDS) assessment, dated 8/23/2024, indicated Resident 1 had moderate impaired cognition. A current Care Plan, initiated on 9/12/2024, indicated Resident 1 had a history of placing foreign objects into his rectum. The goal of the Care Plan was for Resident 1 to not have any complications related to putting objects into his rectum. Interventions included, but were not limited to: Encourage resident to not put foreign objects in his rectum, has a history of placing bottle caps in rectum and staff to assist with limiting such objects to dissuade insertion. A current Care Plan, initiated on 2/14/2024, indicated Resident 1 had behavioral problems related to his diagnoses of schizoaffective disorder, anxiety, major depressive disorder, dementia and mild intellectual disability. A goal for the Care Plan was for the resident to have no evidence of behavior problems. Interventions included, but were no limited to: assist with removing unnecessary objects from room and personal space, or assist in ensuring objects are accounted for to prevent behavior of inserting inappropriate places. An Physician's order, dated 8/2/2024, indicated staff were to monitor the resident for behaviors of: hallucinations, anxiety, crying, repetitive questions/statements, withdrawal from daily activities, physical injury to self or others or verbally loud and disruptive behaviors. Resident 1's September, October and November 2024 Treatment admission Records (TAR) indicated the resident had only had one behavior documented, on 9/19/2024.A hospital Discharge Summary, for the 11/23/2024 hospitalization, indicated Resident 1 had a history of significant mental illness and had been admitted to the hospital after piercing his rectum with a butter knife. It was believed Resident 1 had tried to disimpact stool. The injury required an exploratory laparotomy and Resident 1 underwent loop colostomy placement as well as suture repair of two rectal wounds. Resident 1 had also required two units of packed red blood cells. During an interview on 8/5/2025 at 11:40 A.M., the Regional Nurse Consultant (RNC) indicated the facility had created a Care Plan to address Resident 1's behavior prior to the incident because inserting objects into his rectum was a known behavior. The RNC indicated the resident had inserted the butter knife into his rectum for sexual gratification and the facility staff had educated the resident in the past about inserting objects into his rectum. The RNC indicated the facility had reached out, in the past, to the resident's Guardian and had requested that some personal items be removed from the resident's room for his own safety. The Guardian had indicated to the facility she had not wanted the staff to take the resident's personal items away from him. The RNC believed Resident 1 understood the consequences of inserting objects into his rectum. During an interview on 8/5/2025 at 2:20 P. M., Resident 1's Guardian indicated Resident 1 had a history of inserting objects into his rectum and it had not been a new behavior. She indicated she had not requested the facility to keep unsafe items in his room and nobody from the facility had brought up the subject of removing his personal items. Resident 1's Guardian did not believe Resident 1 was capable of understanding the consequence of inserting a butter knife into his rectum. During an interview on 8/7/2025 at 2:05 P.M., the Executive Director, Director of

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store food in a sanitary manner related to labeling and dating leftovers and throwing away expired food in the refrigerator for 1 of 1 kitchen and 1 of 1 kitchenettes observed. This had the potential to affect 93 of 95 residents who consumed food from the kitchen and the Memory Care Kitchenette.Findings include:1. During the initial kitchen tour on 7/29/2025 at 9:45 A.M with the Director of Dietary (DD), the following was observed in the three-door refrigerator:-Two premade ham and cheese sandwiches had not been labeled with a made on or use by date. -A plate had sliced tomatoes, onion and shredded lettuce, wrapped in clear plastic but did not have made on or used by dates. -A bag of shredded cheese had been opened but had not been labeled with an opened or use by date. -A container of leftover green beans had not been labeled with a made on or use by date. -A bag of celery labeled with a use by date of 7/26/2025.-A container of diced tomatoes labeled with a use by date of 7/25/2025. -A container of cheese labeled with a use by date of 7/20/2025. During an interview on 7/29/2025 at 9:58 A.M., the DD indicated all food should have been labeled with a made on and use by date and all food past the use by or expiration date should have been thrown away. She also indicated all food that had been removed from its original container was considered leftovers and leftovers were to be disposed of after three days. 2. During a tour of the Memory Care Units' Kitchenette with the DD on 7/29/2025 at 10:05 A.M., the following was observed in the refrigerator: -Two cups of pureed watermelon had not been labeled with a made on or use by date. -A microwave meal was in a grocery sack and had not been labeled with any resident information.-A container of cut up watermelon from a local grocery store had not been labeled with a resident name or an opened on or use by date. An interview with the DD was completed on 7/29/2025 at 10:08 A.M. The DD indicated all food should have been labeled with an opened on and use by date and any food brought into the facility for the residents should have been labeled with the resident's food. She could not identify if the store-bought watermelon and the microwave meal were for a resident or a staff member. On 8/7/2025 at 9:30 A.M. the Executive Director (ED) provided an undated policy titled, Food Safety and Sanitation, and identified it as the policy currently used by the facility. The policy indicated, .Refrigerated Storage: . All leftovers should be labeled and dated. Leftover food should be used with 72 hours of preparation The ED also provided undated procedure titled, Wrapping, Labeling and Dating and identified it as the procedure currently used by the facility. The procedure indicated, Purpose: All food items, whether stored in storeroom, coolers or freezer, shall be clearly wrapped and labeled with the date .A good standard of practice is a 3-day shelf life including date of preparation On 8/7/2025 at 11:39 A.M., the ED provided an undated policy title, Use and Storage of Food Brought in by Family or Visitors and identified it as the policy currently used by the facility. The policy indicated, .All food items that are already prepared by the family or visitors must be labeled with date .If not consumed within 3 days, food will be thrown away by facility staff. 3. 1-21(i)(3)