

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF PROVIDER OR SUPPLIER  BROOKSIDE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 505 N GAVIN ST MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00428567, IN00427241, and IN00426047.</p> <p>Complaint IN00428567 - Federal/State deficiencies related to the allegations are cited at F600, F609 and F744.</p> <p>Complaint IN00427241 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00426047 - No deficiencies related to the allegations were cited.</p> <p>Survey dates: February 22 and 23, 2024</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type: NF: 26 Total: 26</p> <p>Census Payor Type: Medicaid: 24 Other: 2 Total: 26</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 29, 2024.</p>			F 0000	<p>February 14, 2024</p> <p>Ms. Brenda Buroker Director of Long Term Care 2 North Meridian St. Indianapolis, IN 46204</p> <p>Re: Survey ID: DKO111</p> <p>Dear Ms. Buroker:</p> <p>Please find attached my Plan of Correction for deficiencies cited during this Complaint Survey. I am respectfully requesting paper compliance.</p> <p>If you have any questions, please feel free to contact me.</p> <p>Sincerely, Paul Stanley, HFA Administrator Brookside Care Strategies</p>		
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul Stanley

HFA

03/15/2024

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 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 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.

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	<p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on record review and interview, the facility failed to provide supervision to prevent a sexual interaction between two cognitively impaired residents for 2 out of 5 residents reviewed for abuse. (Resident E and Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 2/22/24 at 2:33 p.m.. Diagnoses include dementia with behaviors, stage 3 kidney disease, and hypertension.</p> <p>The admission Minimum Data Set assessment (MDS), dated 12/4/23, indicated the resident was severely cognitively impaired.</p> <p>The clinical record for Resident F was reviewed on 2/22/24 at 2:43 p.m.. Diagnoses include severe dementia with agitation, delirium, and anxiety disorder. No MDS information available due to being newly admitted to the facility.</p> <p>Review of a facility self reportable, dated 2/15/24 at 3:05 p.m., indicated on 2/14/24 at 6:01 p.m., upon entering the room of Resident E, CNA 2 observed</p>			F 0600	<p>F600</p> <p>1 – Upon notification of deficiency, Resident F no longer resides in our facility.</p> <p>2 – The facility has determined that all residents have the potential to be affected. Resident Survey's were completed to establish if any additional resident were affected. The survey's reflected no additional issues.</p> <p>3 – The NP/ Social Service Director/ HFA will educate nursing staff on our current abuse policy and our current behavioral management plan. An in service for nursing staff was conducted on 3.5.24 on behaviors and abuse.</p> <p>4 - The SSD have audited behavior care plans for each resident. They will continue to audit new admission behavior care plans (as</p>		03/15/2024

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	<p>Resident F standing in front of Resident E while sitting in his wheelchair. Resident F had the front of her night gown pulled up and Resident E had his hands inside her briefs. When CNA 2 asked what they were doing, Resident E pulled his hands out of Resident F's brief. Resident F was escorted out of the room and redirected back the her room. CNA 2 reported the interaction to the LPN 1.</p> <p>During an interview on 2/22/24 at 12:37 p.m., RN 4 indicated Resident E had a history of being inappropriate toward female staff members.</p> <p>During an interview on 2/22/24 at 1:09 p.m., CNA 2 indicated she observed Resident E and Resident F in a sexually inappropriate interaction. Resident E had his hands inside Resident F's brief. CNA 2 asked them what they were doing and Resident E removed his hands from the brief and smelled his fingers. Resident F was escorted back to her room and the interaction was reported to the LPN 1.</p> <p>During an interview on 2/22/24 at 3:23 p.m., CNA 3 indicated Resident E had a history of saying inappropriate comments to staff members and had tried to touch staff members inappropriately.</p> <p>Undated screen shots were reviewed with the Administrator on 2/23/24 at 8:36 a.m. The Administrator indicated the corporate office provided the screen shots for the date and time of the reported incident. The screen shots showed Resident F standing in the doorway of Resident E's room. The next screen shot showed CNA 2 escort Resident F out of the room. The Administrator indicated the corporate office had been unable to send any further video for the date and time requested.</p>				<p>Resident F was a new admission at time of interaction) weekly for the next 8 weeks and until compliance is maintained. As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of quarterly, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 3-15-2024.</p>		

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F 0609 SS=D Bldg. 00	<p>A current, undated facility policy, titled "Abuse Prevention And Prohibition Policy," provided by the Administrator on 2/23/24 at 11:40 a.m., indicated the following:</p> <p>"...Purpose To ensure the resident's right to remain free from verbal, sexual, physical, and mental abuse, mistreatment, neglect, corporal punishment, involuntary seclusion, and exploitation. .... Sexual Abuse: Inappropriate touching of any resident .... Definitions .... (C) Sexual contact, including fondling of a resident by an employee, agent or other resident, by force, threat, deprivation, duress, coercion, through use of position or authority, or any sexual contact with a resident where there was no pre-existing relationship. ... Procedures All employees who have reasonable cause to believe a resident has suffered abuse or an injury of unknown origin are responsible for reporting that information to the Executive Director or upon his/her absence, to a supervisor. If to a supervisor, he/she shall pass along the information to the Executive Director immediately...."</p> <p>This citation relates to Complaint IN00428567.</p> <p>3.1-27(a)(1)</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect,</p>						

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	<p>exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure staff reported an incident of inappropriate sexual contact between 2 cognitively impaired residents to the Administrator immediately, which delayed the submission and reporting of the incident within the required timeframe to the appropriate State Agencies for 1 of 3 facility reported incidents reviewed. (Resident E and Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 2/22/24 at 2:33 p.m.. Diagnoses include dementia with behaviors, stage 3 kidney disease, and</p>			F 0609	<p>F609</p> <p>1 – Upon notification of deficiency, Administrator reviewed findings and comprehended the concerns outlined in the 2567 with reporting accurate information. Administrator updated a written procedure for investigating abuse, neglect, exploitation, or mistreatment. Also, an abuse allegation and reporting in-service was conducted in the All-Staff Inservice on 3-5-2024. Another topic covered in the in-service was</p>		03/15/2024

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	<p>hypertension.</p> <p>The admission Minimum Data Set assessment (MDS), dated 12/4/23, indicated the resident was severely cognitively impaired.</p> <p>The clinical record for Resident F was reviewed on 2/22/24 at 2:43 p.m. Diagnoses include severe dementia with agitation, delirium, and anxiety disorder. No MDS available due to being recently admitted to the facility.</p> <p>Review of a facility self reportable, dated 2/15/24 at 3:05 p.m., indicated on 2/14/24 at 6:01 p.m., upon entering the room of Resident E, CNA 2 observed Resident F standing in front of Resident E while sitting in his wheelchair. Resident F had the front of her night gown pulled up and Resident E had his hands inside her briefs. When CNA 2 asked what they were doing, Resident E pulled his hands out of Resident F's brief. Resident F was escorted out of the room and redirected back the her room. CNA 2 reported the interaction to the LPN 1.</p> <p>During an interview on 2/22/24 at 10:53 a.m., the Administrator indicated LPN 1 did not report the interaction between the residents until the day after it occurred. It should have been reported immediately. After the facility conducted their investigation, LPN 1's employment was terminated for not reporting the incident and taking appropriate actions immediately.</p> <p>A current, undated, facility policy titled "Abuse Prevention And Prohibition Policy," provided by the Administrator on 2/23/24 at 11:40 a.m., indicated the following: ".... Procedures Resident to Resident</p>		<p>the Sexual Relationships Policy. A Relias training was provided to the staff on Preventing, Recognizing, and Reporting abuse 2-21-2024. A copy of the training has been attached for reference.</p> <p>2 – The facility has determined that all residents have the potential to be affected. Resident Survey's were completed to establish if any additional resident were affected. The survey's reflected no additional issues.</p> <p>3 – The Management team will educate staff on the Abuse Investigation Procedure. The Administrator will communicate the findings of the 2567 to the management staff and elaborate on the parts of the Abuse Investigation Procedure that can help with ensuring accurate reporting and internal documentation.</p> <p>4 – Any and all allegations of abuse will be investigated per the regulation guidelines. The Administrator will work to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, or not later than 24 hours if the</p>		

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	<p>1. Staff shall intervene immediately and assess the immediate needs of the resident(s)</p> <p>2. The involved residents shall be separated and shall not remain near one another to eliminate the recurrence of abusive behavior.</p> <p>3. The Administrator and/or DON, Social Service Director, shall be notified of the incident immediately.</p> <p>4. Appropriate documentation shall be completed relative to the individual incident (report of concern, incident/accident report, etc.) and initial notification of responsible party and physician and/or Psych NP made and documented. ....</p> <p>6. The incident shall be reported to the state/certification agency, the ombudsman, and Adult protective [sic] Services as applicable per guidelines supplied by the department of health. ....</p> <p>Sexual Abuse: Inappropriate touching of any resident ....</p> <p>Definitions ....</p> <p>(C) Sexual contact, including fondling of a resident by an employee, agent or other resident, by force, threat, deprivation, duress, coercions, through use of position or authority, or any sexual contact with a resident where there was no pre-existing relationship. ....</p> <p>Procedures</p> <p>All employees who have reasonable cause to believe a resident has suffered abuse or an injury of unknown origin are responsible for reporting that information to the Executive Director or upon his/her absence, to a supervisor. If to a supervisor, he/she shall pass along the information to the Executive Director immediately. ...."</p> <p>This citation relates to Complaint IN00428567.</p> <p>3.1-28(c)</p>				<p>events that cause the allegation do not involve abuse and do not result in serious bodily injury. Beyond that, The Administrator will accurately follow up with the state and make sure all details are included in the report, from the investigation findings.</p> <p>As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased based on compliance.</p> <p>5 – Corrective action completed by 3-15-2024.</p>		

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F 0744 SS=D Bldg. 00	<p>483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Based record review and interview, the facility failed to develop and implement individualized care plan interventions and monitoring of behaviors for a cognitively impaired resident with dementia for 1 of 5 residents reviewed for behaviors. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 2/22/24 at 2:33 p.m.. Diagnoses include dementia with behaviors, stage 3 kidney disease, and hypertension.</p> <p>The admission Minimum Data Set assessment (MDS), dated 12/4/23, indicated the resident was severely cognitively impaired.</p> <p>Review of a facility self reportable, dated 2/15/24 at 3:05 p.m., indicated on 2/14/24 at 6:01 p.m., upon entering the room of Resident E, CNA 2 observed a cognitively impaired female resident standing in front of Resident E while sitting in his wheelchair. The female resident had the front of her night gown pulled up and Resident E had his hands inside her briefs. When CNA 2 asked what they were doing, Resident E pulled his hands out of the female resident's brief. The female resident was escorted out of the room and redirected back the her room.</p> <p>Review of a Psychiatric Nurse Practitioner note,</p>			F 0744	<p>F744</p> <p>1 – Upon notification of deficiency, F744 was reviewed, and the deficiency was discussed with the IDT. The residents care plan, individualized interventions and behavior plan was reviewed and updated. It is the practice of this facility that if a resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.</p> <p>An in-service was done on 3-5-2024 with management and staff regarding the specific incident tagged and an education was given for any updates to the resident's care plan.</p> <p>2 – The facility has determined that all residents with dementia or a like diagnosis have the potential to be affected.</p> <p>3 – SSD or designee will complete a house audit of care plans relative to dementia and/or psych diagnoses. Any resident identified</p>		03/15/2024



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	<p>dated 1/16/24, indicated the resident had been seen for touching staff inappropriately.</p> <p>Review of the clinical record lacked indication of monitoring the behavior of Resident E touching staff inappropriately. No care plan interventions were included in the clinical record for this behavior.</p> <p>During an interview on 2/22/24 at 12:37 p.m., RN 4 indicated Resident E had a history of being inappropriate toward female staff members.</p> <p>During an interview on 2/22/24 at 3:23 p.m., CNA 3 indicated Resident E had a history of saying inappropriate comments to staff members and tried to touch staff members inappropriately.</p> <p>During an interview on 2/23/24 at 10:57 a.m., the Social Service Director (SSD) indicated she had no reports from staff related to Resident E's behaviors for inappropriate touching. The SSD had not reviewed the Psych NP noted and had not been aware of the concern.</p> <p>This citation relates to Complaint IN00428567.</p> <p>3.1-37(a)</p>				<p>by the audit as lacking and/or needing personalized care plans with behavioral interventions and flowsheets will be added, updated, corrected at that time.</p> <p>4 - The Administrator and/or SSD will be responsible for completing the Audit tool related to Dementia/Behavior Management weekly for 8 weeks and monthly thereafter, for 6 months. As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 3-15-2024.</p>		