

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

PRINTED: 04/24/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155160		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER  STONEBROOKE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 990 N 16TH ST NEW CASTLE, IN 47362			
(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 Complaint IN00457172.</p> <p>Complaint IN00457172 -- Federal/state deficiency related to the allegations is cited at F0842.</p> <p>Survey date: April 9, 2025</p> <p>Facility number: 000080 Provider number: 155160 AIM number: 100289330</p> <p>Census Bed Type: SNF/NF: 77 Total: 77</p> <p>Census Payor Type: Medicare: 16 Medicaid: 51 Other: 10 Total: 77</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on April 10, 2025.</p>			F 0000			
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to routinely document the meal intakes for 1 of 3 residents reviewed for resident assessment. (Resident B)</p> <p>Findings include:</p>			F 0842	<p>We respectfully request desk review in this matter. Thank you for your consideration. 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; - This resident</p>		04/24/2025

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

TITLE

(X6) DATE

Keith Davis

Executive Director

04/21/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 clinical record of Resident B was reviewed on 4-9-25 at 10:55 a.m. Her diagnoses included, but were not limited to, vascular dementia, heart failure and moderate protein-calorie malnutrition. Her most recent Minimum Data Set (MDS) assessment, a significant change assessment, dated 2-18-25, indicated she was severely cognitively impaired, required supervision or touching assistance for meal consumption, had been identified for weight loss within the last six months, and received a therapeutic and mechanically altered diet.</p> <p>In an interview with Certified Nurse Aide (CNA) 4 on 4-9-25 at 12:35 p.m., she indicated Resident B "had a big decline in eating and drinking abilities," prior to being sent out to an area hospital on 3-11-25.</p> <p>In an interview with the Assistant Director of Nursing (ADON) on 4-9-25 at 12:45 p.m., she indicated in the weeks prior to Resident B being sent out to an area hospital, "one of the biggest problems we had was getting her to eat or drink. To be honest, I think she was just in a decline and wanted us to leave her alone. She needed to be fed in the last week or two before she left here and even with that, she just didn't seem to take much in." The ADON recalled Resident B would "swat at" the staff trying to help her with her meals and her intake "was minimal, at best." The ADON indicated the Nurse Practitioner was made aware of her decline and the Nurse Practitioner attributed this to her advanced dementia.</p> <p>A review of Resident B's progress notes indicated she was being monitored for weight loss by the facility's interdisciplinary team. An entry, dated 2-26-25, from the Registered Dietitian (RD), identified a significant weight loss within the last</p>				<p>no longer resides at his facility.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; - All residents with oral food and fluid intakes have the potential to be affected. - All nursing staff in-serviced on Food and Fluid Intake Record-EMR policy per DNS/designee by 4/24/25. - All nurses in-serviced on POC compliance report per DNS/designee by 4/24/25. - DNS/designee will audit all residents with meal intake by 4/24/25 to ensure that intake was documented after each meal.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; - All nursing staff in-serviced on Food and Fluid Intake Record-EMR policy er DNS/designee by 4/24/25. - Charge nurses will review POC compliance report with CNA's prior to the end of shift. The POC compliance report indicates all residents medical record including meal intake. - IDT will review POC compliance report daily in clinical meeting and any follow up needed will be placed on CQI for completion.</p> <p>4) How the corrective action(s) will be</p>		

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	<p>30 days. An entry, dated 2-21-25, from the Certified Dietary Assistant, identified Resident B had a significant weight loss of 6.9 % (percent) in the last 30 days.</p> <p>A review of Resident B's meal intakes was reviewed for February and March 2025, which indicated the following inconsistent meal intake documentations:</p> <p>-2-4-25: lack of documentation for breakfast and lunch.</p> <p>-2-5-25: lack of documentation for breakfast and lunch.</p> <p>-2-7-25: lack of documentation for breakfast, lunch and dinner.</p> <p>-2-9-25: lack of documentation for breakfast, lunch and dinner.</p> <p>-2-12-25: lack of documentation for lunch.</p> <p>-2-13-25: lack of documentation for breakfast and lunch.</p> <p>-2-17-25: lack of documentation for breakfast and lunch.</p> <p>-2-20-25: lack of documentation for lunch.</p> <p>-2-21-25: lack of documentation for lunch and dinner.</p> <p>-2-22-25: lack of documentation for breakfast and lunch.</p> <p>-2-24-25: lack of documentation for lunch.</p> <p>-2-26-25: lack of documentation for dinner.</p> <p>-2-27-25: lack of documentation for breakfast, lunch and dinner.</p> <p>-2-28-25: lack of documentation for lunch.</p> <p>-3-3-25: lack of documentation for breakfast and lunch.</p> <p>-3-4-25: lack of documentation for breakfast and lunch.</p> <p>-3-6-25: lack of documentation for breakfast and lunch.</p> <p>-3-7-25: lack of documentation for lunch.</p>				<p>monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place; - Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held bi-monthly, and is overseen by the Executive Director. - CQI tool identified as F 842 will be completed weekly x 4 weeks , monthly times 6 months , and quarterly thereafter until compliance is achieved. - If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>5) By what date the systemic changes will be completed; - 4/24/25.</p>		

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	<p>-3-8-25: lack of documentation for breakfast and lunch.</p> <p>-3-9-25: lack of documentation for breakfast and lunch.</p> <p>-3-10-25: lack of documentation for dinner.</p> <p>On 4-9-25 at 2:39 p.m., the Director of Nursing provided a copy of a procedure entitled, "Food and Fluid Intake Record-EMR [electronic medical record]," with a revision date of 2/2015. This procedure indicated its purpose as, "To accurately document intake of food and fluids." It indicated, "Upon completion of the meal a member of nursing staff (CNA, QMA or Licensed Nurse) will document the percentage of food...consumption for the meal..."</p> <p>This citation relates to Complaint IN00457172.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p>						