| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155703 | A. BUILDING _____ B. WING _____ | C 02/24/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKSIDE VILLAGE INC | 1111 CHURCH AVE JASPER, IN 47546 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 000 | INITIAL COMMENTS<br><br>This visit was a for the investigation of Complaint IN00452891.<br><br>Complaint IN00452891: No deficiencies were cited related to the allegation(s).<br><br>Survey dates: February 24, 2025<br><br>Facility number: 003240<br>Provider number: 155703<br>AIM number: 201274720<br><br>Census Bed Type:<br>SNF: 12<br>NF: 11<br>SNF/NF: 23<br>Residential: 35<br>Total: 58<br><br>Census Payor Type:<br>Medicare: 12<br>Medicaid: 3<br>Other: 8<br>Total: 23<br><br>Brookside Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the investigation of complaint IN00452891.<br><br>Quality review completed on February 28, 2025. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE