

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

PRINTED: 05/10/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15E064</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/05/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKSIDE CARE STRATEGIES</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 N GAVIN ST</b> <b>MUNCIE, IN 47303</b>			
(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}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00399521 and IN00399351 completed on January 27, 2023.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00404302 completed on March 30, 2023.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00403055 and IN00402885 completed on March 14, 2023.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00401525 and IN00401749 completed on February 27, 2023.</p> <p>This visit was in conjunction with a PSR to the PSR completed on January 3, 2023 to the Investigation of Complaints IN00393778, IN00394316 and IN00391644 completed on November 15, 2022 .</p> <p>Complaint IN00401525 - Corrected.</p> <p>Complaint IN00404302 - Corrected.</p> <p>Complaint IN00403055 - Corrected.</p> <p>Complaint IN00393778 - Corrected.</p> <p>Survey dates: May 3, 4, and 5, 2023</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type:</p>			{F 000}			

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

TITLE

(X6) DATE

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.

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{F 000}	<p>Continued From page 1</p> <p>NF: 36 Total: 36</p> <p>Census Payor Type: Medicaid: 35 Other: 1 Total: 36</p> <p>Brookside Care Strategies was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00399521 and IN00399351.</p> <p>Quality review completed May 9, 2023.</p>	{F 000}			