

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

PRINTED: 04/13/2023
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 03/14/2023	
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 IN00403055 and IN00402885.</p> <p>Complaint IN00403055 - Federal/State deficiencies related to the allegations are cited at F584 and F925.</p> <p>Complaint IN00402885 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 14, 2023</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type: NF: 39 Total: 39</p> <p>Census Payor Type: Medicaid: 38 Other: 1 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 17, 2023.</p>			F 0000			
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving</p>						

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

TITLE

(X6) DATE

Derrek Keith

HFA

04/10/2023

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>treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, record review, and interview, the facility failed to ensure resident rooms were maintained in a hygienic manner for 1</p>			F 0584	<p>F584</p> <p>The filing of the plan of correction does not constitute an admission</p>		04/24/2023

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	<p>of 3 resident rooms reviewed for environment (Room 2).</p> <p>Findings include:</p> <p>During an observation on 3/14/2023 at 11:07 a.m., a damaged area, approximately 5 inches long x 6 inches wide was located behind a two drawer nightstand against a wall in resident room 2. The area had no plaster, and the visible surface was covered with a black substance. CNA 4 indicated, during the observation, the dark area looked like mold. The CNA had never seen the area before, and had not seen anything like it in any of the other rooms.</p> <p>During an observation of the wall on 3/14/2023 at 11:24 a.m., accompanied by the Administrator, he indicated he had not seen the area before, and had not been informed about it. The black substance appeared to be mold and whoever saw it should have put it on a maintenance sheet.</p> <p>During an interview, on 3/14/2023 at 11:37 a.m., the Maintenance Director indicated they were unaware of mold or hole in resident room 2. Someone should have filled out a work order and reported the area.</p> <p>During an interview on 3/14/2023 at 1:38 p.m., the Housekeeping Supervisor indicated maintenance concerns were to be documented on a work order sheet, located in the maintenance binder. Resident rooms were cleaned daily.</p> <p>During an interview on 3/14/2023 at 2:40 p.m., QMA (Qualified Medication Aide) 10 indicated maintenance concerns were to be documented on a work order sheet, located in the maintenance binder.</p>				<p>that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and continue to provide quality care. The facility respectfully requests paper review for compliance.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 3/14/2023 after Surveyor indicated they was mold present in resident's room. Residents were removed from the room and put elsewhere. Maintenance began on 3/14/2023 to repair and paint the affected area in the resident room. Repairs were completed on 3/16/2023.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? On 3/15/2023 a facility wide audit was performed on resident's rooms to look for mold, there were no more rooms identified to have the mold present.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The director of housekeeping put</p>		

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F 0925 SS=F Bldg. 00	<p>No further information was provided.</p> <p>This Federal tag relates to Complaint IN00403055.</p> <p>3.1-19(f)(5)</p> <p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an effective pest control program was in place to prevent rodent droppings on food products in the dry storage room. This deficient practice had the potential to effect 39 of 39 residents who received meals prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen observation on 3/14/2023 at 9:49 a.m., rodent droppings were readily observed in the dry food storage room floor, on top of boxed</p>	F 0925	<p>in place a check off sheet for housekeepers to sign of areas that where cleaned on a daily basis. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · The Administrator or designee will do environmental rounds a twice week for 8 weeks, then monthly for 4 months.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting Quarterly. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>F925 The filing of the plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and continue to provide quality care. The facility respectfully requests paper review for compliance.</p> <p>What corrective action(s) will be</p>	05/01/2023	

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	<p>food items, and on food cans.</p> <p>During an observation on 3/14/2023 at 9:56 a.m., Cook 1 indicated there were mice droppings in the dry storage room. The facility had an issue with mice, and they were treating it, but the mice still managed to get into the facility through holes in the walls outside.</p> <p>During an observation on 3/14/2023 at 12:10 p.m., accompanied by the Administrator, he indicated there were mice droppings present in the dry storage room, but traps had been set by the pest control company. No traps were located in the dry storage room during the observation. The Administrator did not know why the traps were not present. No one had reported concerns with mice in the kitchen.</p> <p>During an interview on 3/14/2023 at 1:53 p.m., the Administrator indicated Cook 1 should have immediately cleaned the dry storage room after the mice droppings were identified and reported it to him. The mice droppings were still present over three hours after the cook was made aware. No one had reported any pest concerns in the dry storage room. The pest control company did routine monthly service. If the facility had an issue with pests, the company would come out to service the need.</p> <p>Review of the pest control service log indicated the last service was on 2/14/2023. This visit included treatment for rodent control on the building perimeter.</p> <p>No further information provided by the facility.</p> <p>This Federal tag relates to Complaint IN00403055.</p>				<p>accomplished for those residents found to have been affected by the deficient practice? Dietary staff cleaned out the storage closet and had Maintenance clean and replace mice trap.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Housekeeping will fill out a checklist of areas cleaned for that day along with creation of a deep cleaning list to be followed.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur Call Orkin if the current mice control program is not being effective to update plan to a more effective plan of control</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? ·</p> <p>The Administrator or designee will do environmental rounds twice a week for 8 weeks, then monthly for 4 months.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting Quarterly. The QA Committee will identify any trends or patterns and make</p>		

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	3.1-19(f)(4)				recommendations to revise the plan of correction as indicated.		