

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

PRINTED: 01/29/2025

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 01/08/2025	
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 IN00449819 and IN00449116 .</p> <p>Complaint IN00449819 - Federal/state deficiencies related to the allegations are cited at F607.</p> <p>Complaint IN00449116 - Federal/state deficiencies related to the allegations are cited at F607.</p> <p>Survey date: January 8, 2025</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type: NF: 33 Total: 33</p> <p>Census Payor Type: Medicaid: 32 Other: 1 Total: 33</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 14, 2025.</p>			F 0000	<p>By submitting the following material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 01/22/2025 to the state findings of the recent complaint investigation. We are requesting paper compliance.</p>		
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies</p> <p>Based on interview and record review, the facility failed implement their abuse prohibition policy to ensure the safety of residents when an employee accused of abuse was permitted to remain in the facility during the investigation into the</p>			F 0607	<p>F607 Develop/Implement Abuse and Neglect Policies It is the practice of this facility to implement their abuse prohibition policy to ensure safety of</p>		01/22/2025

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

TITLE

(X6) DATE

Paul Stanley

Administrator

01/23/2025

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 disclosed 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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	<p>allegation. (Resident B and Care Specialist (CS) 1)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 1/8/25 at 11:09 a.m.. Diagnoses included chronic obstructive pulmonary disease, chronic pain syndrome, hypertension, convulsions, psychoactive substance abuse and anxiety.</p> <p>Review of the most current significant change Minimum Data Set (MDS) assessment, dated 11/12/24, indicated the resident was cognitively intact.</p> <p>During an interview on 1/8/25 at 12:18 p.m., CS 1 indicated she was informed that Resident B had alleged she kicked the resident's foot. She was unaware of any physical contact with the resident. CS 1 indicated she was not suspended pending investigation, but instructed to stay away from Resident B.</p> <p>During an interview on 1/8/25 at 1:10 p.m., the Administrator indicated Resident B told him CS 1 had kicked the resident's foot and felt it had been done intentionally. The resident demanded the Administrator call the State Agency, police and the ombudsman. Resident B indicated he did not want CS 1 to enter his room or interact with him in the future. The Administrator indicated, after an investigation was initiated, he explained the allegation and the resident wishes to CS 1, but did not suspend the employee after the allegation was made and the allegation was investigated. He indicated the employee was not suspended because the incident had already been resolved.</p> <p>A current policy, dated 12/1/21, titled "Incident or Alleged Abuse" was provided by the</p>				<p>residents when an employee accused of abuse was permitted to remain in facility during the investigation.</p> <p>1. What corrective actions will be accomplished for those residents found to be affected by the deficient practice: a All residents have the potential to be affected by the alleged deficient practices. b Administrator in serviced on policy and procedures regarding incident or Alleged Abuse with the regards of documenting and suspending an accused staff member until incident investigation is completed.</p> <p>2. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective action will be taken: a All residents have the potential to be affected by the alleged deficient practices.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur: a An in-service will be completed with staff who have the potential to investigate an allegation of abuse on 1/22/25 regarding the policies and procedures of documenting and suspending an accused staff member until incident investigation is</p>		

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	<p>Administrator on 1/8/25 at 11:20 a.m. The policy indicated the following: " Procedure 6. If the suspected abusive individual is an employee, it is the responsibility of the supervisor at the time of the incident, if other than the Administrator, to suspend the abusive employee until the incident can be fully investigated."</p> <p>This citation relates to Complaints IN00449819 and IN00449116.</p> <p>3.1-28(a)</p>				<p>completed.- 4. How the corrective actions will be monitored to ensure the deficient practices will not occur: a. The Administrator will audit and complete an abuse and neglect form to ensure that everything is completed for the investigation. This audit will be completed for each incident and will be an ongoing audit tool.</p> <p>5. By what date the systemic changes will be made: 1/22/25.</p>		