| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155160 | A. BUILDING **01**<br>B. WING _____ | R<br>**04/11/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **STONEBROOKE REHABILITATION CENTER** | **990 N 16TH ST**<br>**NEW CASTLE, IN 47362** |

| (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 |
|---|---|---|---|---|
| {K 000} | INITIAL COMMENTS<br><br>A Post Survey revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/16/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).<br><br>Survey Date: 04/11/23<br><br>Facility Number: 000080<br>Provider Number: 155160<br>AIM Number: 100289330<br><br>At this PSR Life Safety Code survey, Stonebrooke Rehabilitation Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2<br><br>This two-story facility was determined to be of Type II (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors and hard-wired smoke detectors in resident room 100, 101, 102, 103, 104, 105, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135 and 136. The facility has battery operated smoke detectors in resident rooms 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 238, 239, 240, 242, 243, 244, 245, 246, 247, 248, 249, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119. The facility has a capacity of 117 and had a census of 65 at the time of this PSR visit. | {K 000} | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155160 | A. BUILDING **01**<br>B. WING _____ | R<br>**04/11/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **STONEBROOKE REHABILITATION CENTER** | **990 N 16TH ST**<br>**NEW CASTLE, IN 47362** |

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|---|---|---|---|---|
| {K 000} | Continued From page 1<br><br>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had two detached wooden storage sheds and one detached metal storage shed which were not sprinklered.<br><br>Quality Review completed on 04/17/23 | {K 000} | | |