

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

PRINTED: 01/30/2025

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 01/07/2025	
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 DEFICIENCY (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 was an offsite Licensure Investigation Survey</p> <p>Survey Date: January 7, 2025</p> <p>Facility: #000311 Provider: #15E064 AIM: #100285520</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed January 7, 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 offsite licensure investigation. We are requesting paper compliance.</p>		
F 9999 Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their</p>			F 9999	<p>License Renewal</p> <p>It is the practice of this facility to ensure that all licenses are current and renewed timely.</p> <p>1. What corrective action will be accomplished for those residents found to be affected by the deficient practice:</p> <p>a. All residents have the potential to be affected by the alleged deficiency.</p> <p>b. License renewal corrected immediately.</p> <p>2. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective</p>		01/22/2025

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

TITLE

(X6) DATE

Paul Stanley

Administrator

01/25/2025

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 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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	current license expired on November 30, 2024 The state agency received the facility's renewal application and payment post marked December 5, 2024, which was not at least 45 days of the current license expiration date of November 30, 2024.		action will be taken: a. All residents have the potential to be affected by the alleged deficiency. 3. What measures will be put in place and what systematic changes will be made to ensure that deficient practice does not recur: a. The license was updated and is current. 4. How the corrective actions will be monitored to ensure the deficient practices will not occur: a. Calendar reminders will be put in place electronically for 60 days prior to expiration date to meet renewal submission of 45 days prior to expiration date to meet renewal submission of 45 days prior to expiration to ensure compliance. b. This will be an ongoing monitoring tool being monitored by the Administrator and/or Designee. If discrepancies are noted, then immediate action will be taken to correct. Finding from review and any corrective actions will be discussed during QA meeting and the current plan revised as warranted. 5. By what date the systematic changes will be made: 1/22/25		