STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155160	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebrooke Rehabilitation Center	990 N 16th St New Castle, IN 47362

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 28309 Based on interview and record review, the facility failed to routinely document the meal intakes for 1 of 3 residents reviewed for resident assessment. (Resident B) Findings include: The clinical record of Resident B was reviewed on 4-9-25 at 10:55 a.m. Her diagnoses included, but were not limited to, vascular dementia, heart failure and moderate protein-calorie malnutrition. Her most recent Minimum Data Set (MDS) assessment, a significant change assessment, dated 2-18-25, indicated she was severely cognitively impaired, required supervision or touching assistance for meal consumption, had been identified for weight loss within the last six months, and received a therapeutic and mechanically altered diet. In an interview with Certified Nurse Aide (CNA) 4 on 4-9-25 at 12:35 p.m., she indicated Resident B had a big decline in eating and drinking abilities, prior to being sent out to an area hospital on 3-11-25. In an interview with the Assistant Director of Nursing (ADON) on 4-9-25 at 12:45 p.m., she indicated in the weeks prior to Resident B being sent out to an area hospital, one of the biggest problems we had was getting her to eat or drink. To be honest, I think she was just in a decline and wanted us to leave her alone. She needed to be fed in the last week or two before she left here and even with that, she just didn't seem to take much in. The ADON recalled Resident B would swat at the staff trying to help her with her meals and her intake was minimal, at best. The ADON indicated the Nurse Practitioner was made aware of her decline and the Nurse Practitioner attributed this to her advanced dementia. A review of Resident B's progress notes indicated she was being monitored for weight loss by the facility's interdisciplinary team. An entry, dated 2-26-25, from the Registered Dietitian (RD), identified a significant weight loss within the last 30 days. An entry, dated 2-21-25, from the Certified Dietary Assistant, identified Resident B had a significant weight loss of 6.9 % (percent) in the last 30 days. A review of Resident B's meal intakes was reviewed for February and March 2025, which indicated the following inconsistent meal intake documentations: (continued on next page)

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.

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

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2-4-25: lack of documentation for breakfast and lunch. -2-5-25: lack of documentation for breakfast and lunch. -2-7-25: lack of documentation for breakfast, lunch and dinner. -2-9-25: lack of documentation for breakfast, lunch and dinner. -2-12-25: lack of documentation for lunch. -2-13-25: lack of documentation for breakfast and lunch. -2-17-25: lack of documentation for breakfast and lunch. -2-20-25: lack of documentation for lunch. -2-21-25: lack of documentation for lunch and dinner. -2-22-25: lack of documentation for breakfast and lunch. -2-24-25: lack of documentation for lunch. -2-26-25: lack of documentation for dinner. -2-27-25: lack of documentation for breakfast, lunch and dinner. -2-28-25: lack of documentation for lunch. -3-3-25: lack of documentation for breakfast and lunch. -3-4-25: lack of documentation for breakfast and lunch. -3-6-25: lack of documentation for breakfast and lunch. -3-7-25: lack of documentation for lunch. -3-8-25: lack of documentation for breakfast and lunch. -3-9-25: lack of documentation for breakfast and lunch. -3-10-25: lack of documentation for dinner. On 4-9-25 at 2:39 p.m., the Director of Nursing provided a copy of a procedure entitled, Food and Fluid Intake Record-EMR [electronic medical record], with a revision date of 2/2015. This procedure indicated its purpose as, To accurately document intake of food and fluids. It indicated, Upon completion of the meal a member of nursing staff (CNA, QMA or Licensed Nurse) will document the percentage of food .consumption for the meal . (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00457172. 3.1-50(a)(1) 3.1-50(a)(2)