

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Brooke Knoll Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Kingwood Drive Avon, IN 46123	
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observations, interviews, and record review, the facility failed to ensure tube feedings were administered per physician orders for a resident with known weight loss and who received all their nutrition by Gastric Tube (G tube) for 1 of 1 residents reviewed for tube feeding (Resident B). Findings include: On 2/2/26 at 10:34 a.m. Resident B's room was observed. The resident was not in the room at that time. Next to Resident B's bed there was a pole with a feeding pump set up but it was not running. The formula bag that was hanging was 1000 milliliters (ml) IsoSource (a brand of high calorie formula used to supplement nutrition) 1.5 k/cal (kilocalorie, which is a unit of energy used to measure the energy content of food and beverages) with 2/2/26 at 2:15 a.m. written on the bag along with initials of Licensed Practical Nurse (LPN) 3. There was approximately 800 ml left in the bag. On 2/2/26 at 11:00 a.m. Resident B's medical record was reviewed. He was a long-term care resident whose diagnoses included, but were not limited to, traumatic brain injury and dysphagia (difficulty swallowing). Resident B had an active gastrostomy tube (G-tube, a medical device inserted through the abdomen directly into the stomach to provide nutrition, fluids, and medication for individuals unable to eat enough by mouth) feeding order, dated 1/29/26, for Glucerna (a brand of high calorie formula used to supplement nutrition) 1.5 k/cal to be set at a rate of 75 ml per hour for 20 hours per day starting at 4:00 p.m. and ending at 12:00 p.m. the following day. The order lacked special instruction that a substitute brand of tube feeding formula could be used for the ordered formula. On 2/2/26 at 1:45 p.m. Resident B was observed as they were sitting in their Broda chair (a specialized, highly adjustable medical wheelchair designed for individuals with mobility challenges) in their room. The G tube tubing appeared to be connected to the resident, but the pump appeared to be turned off. There was approximately 100 ml less in the bag than there was during the previous observation. During an interview on 2/2/26 at 1:50 p.m. the Unit Manager (UM) indicated the tube feeding was not running at this time because it was past noon when the resident's tube feed was ordered to stop. During an interview on 2/2/26 at 2:30 p.m. the Director of Nursing (DON) indicated the only reason IsoSource would have been used instead of Glucerna would be if Glucerna was not available. She indicated for staff to substitute formulas it needed to be approved by the Nurse Practitioner (NP). The DON indicated she wasn't sure why there was 400 ml more than should have been in the tube feeding bag, but she thought what must have happened was the nurse on night shift opened and spiked the new bag of formula in anticipation of the bag that had been running finishing. She indicated they would have dated and timed the bag for when they opened and spiked the bag not necessarily when the bag was started. During an interview on 2/2/26 at 2:50 p.m. LPN 3 indicated she was the nurse who started the tube feeding on night shift. She indicated the time that was written on the bag was the time the tube feeding was started. On 2/2/26 at 4:30 p.m. a copy of a Dietician quarterly assessment note, dated 1/19/26, indicated nursing staff could substitute IsoSource for Glucerna if it was not available. The note indicated it was recorded on 2/2/26 at 2:50 p.m. This citation relates to Intake 2731013. 3.1-44(a)(2)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 155814	Facility ID: 155814 If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and interviews, the facility failed to prevent the potential for infection when they failed to change a used suction canister for over a week for 1 of 3 residents reviewed for infection control practices (Resident B). Findings include: On 2/2/26 at 10:34 a.m. Resident B's room was observed. There was a suction canister that was approximately half full of yellow tinged liquid with a layer of yellow sediment that had settled to the bottom. The canister was dated 1/13/26. On 2/2/26 at 11:05 a.m. the Executive Director (ED) indicated the canister had been changed on 2/2/26. On 2/2/26 at 4:30 p.m. a copy of a current facility document titled, Supply Change Out, dated 6/2024 was provided. That document indicated Suction Canisters/Tubing should be changed weekly and as needed. This citation relates to Intake 2731013.3.1-18(b)</p>		