

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Brookside Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE  505 N Gavin St Muncie, IN 47303	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>32663</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 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 Administrator on 1/8/25 at 11:20 a.m. The policy indicated the following:</p> <p>Procedure</p> <p>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>(continued on next page)</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation relates to Complaints IN00449819 and IN00449116.</p> <p>3.1-28(a)</p>