STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E064	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookside Care Strategies	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 40339 Based on record review and interview, the facility failed to ensure insulin administration for 3 of 3 residents reviewed for insulin administration. (Resident B and C) Findings include: 1. Resident B's clinical record was reviewed on 2/19/25 at 11:50 a.m. Diagnoses included type 2 diabetes mellitus (DM), unspecified altered mental status, unspecified poly neuropathy, and long term use of insulin. A physician's order, dated 1/3/25, indicated Lantus (a diabetic medication to treat to DM), administer 30 units subcutaneously in the morning. The electronic medication administration record (eMAR) indicated the medication had not been administered. The progress notes lacked documentation regarding the missed dose. A physician's order, dated 9/10/24, indicated Lispro (a diabetic medication to treat to DM), administer 10 units subcutaneously before meals. The eMAR indicated the medication had not been administered on 1/2/25 for the 4:00 p.m. dose. An administration note indicated the resident only took 4 units and lacked indication of physician notification regarding decreased administered dose. A physician's order, dated 9/10/24, indicated Lispro, administer per sliding scale: If 150-179, give 1 unit; if 180-209, give 2 units; if 210-239, give 3 units; if 240-269, give 4 units; if 270-299, give 5 units; if greater than 300, administer 6 units and recheck. If not resolved, contact provider. To be administered four times a day. The eMAR indicated the medication had not been administered and lacked a blood sugar reading on 1/1/25 for the 8:00 p.m. dose, and 1/2/25 for the 5:00 p.m. dose. The progress notes lacked documentation regarding missed doses. 2. The clinical record for Resident C was reviewed on 2/19/25 at 3:30 p.m. Diagnoses included type one diabetes mellitus. A current physician's order, dated 1/31/25, indicated Novolog (medication to treat DM), administer 5 units subcutaneously before meals in addition to sliding scale as indicated. The eMAR lacked indication the medication had been administered on 1/11/25 and 1/12/25 at 4:00 p.m. The progress notes lacked documentation regarding missed doses. (continued on next page)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A current physician's order, dated 5/24/24, indicated Novolog, administer per sliding scale before meals. The eMAR lacked indication the medication had been administered on 1/11/25 and 1/12/25 at 4:00 p.m. The progress notes lacked documentation regarding missed doses. 3. The clinical record for Resident D was reviewed on 2/20/25 at 3:50 p.m. Diagnoses included type two diabetes mellitus and hypoglycemia. A current physician's order, dated 1/24/25, indicated Humalog, administer per sliding scale subcutaneously before meals and at bedtime. The eMAR lacked indication the medication had been administered on 2/2//25 at 4:00 p.m. and 2/10/25 at 8:00 p.m. The progress notes lacked documentation regarding missed doses. During an interview on 2/20/25 at 11:22 a.m., the DON indicated the staff were failing to sign off medication administration. There should not be blank spaces on the eMAR. This citation relates to Complaints IN00452299 and IN00453678. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E064	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookside Care Strategies	505 N Gavin St Muncie, IN 47303

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 40339 Based on observation, record review and interview, the facility failed to ensure the multi-use blood glucose monitoring device was sanitized per manufacturer's guidelines during a random observation of blood glucose testing. Findings include: During an observation of blood glucose testing on 2/20/25 beginning at 11:34 a.m., QMA 2 removed a blood glucose testing meter from the top drawer of the medication cart. She wiped the device with an alcohol swab. At 11:35 a.m., she entered Resident G's room and placed the cup with the device on the overbed table. She donned gloves, swabbed the resident's finger with an alcohol wipe, and obtained the sample and reading. At 11:39 a.m., she removed her gloves and wiped the device with an alcohol swab and performed hand hygiene. At 11:40 a.m., she entered Resident H's room and placed the cup with the device on the overbed table. She donned gloves and swabbed Resident H's finger and obtained the sample and reading. At 11:42 a.m., she removed her gloves and wiped the device with an alcohol swab and returned to the medication cart, placing the device back into the top drawer. During an interview on 2/20/25 at 11:44 a.m., QMA 2 indicated an alcohol swab was used to sanitize the blood glucose monitoring device between residents. They only had the one device on that medication cart to use for multiple residents. During an interview on 2/20/25 at 12:04 p.m., the DON indicated an alcohol wipe was not sufficient to use to sanitize the multi-use glucose monitoring device. A Manufacturer's policy, undated, titled, Cleaning and Disinfecting the [Manufacturer's name] Blood Glucose Monitoring System, provided by the Scheduler on 2/20/25 at 2:43 p.m., included the following: .Cleaning and Disinfecting .The disinfecting procedure is needed to prevent the transmission of bloodborne pathogens. Only wipes with EPA registration numbers listed below have been validated for use in cleaning and disinfecting the meter .Meter surfaces must remain wet according to contact times listed in the wipe manufacturer's instructions This citation relates to Complaints IN00452299 and IN00453678. 3.1-18(b)