

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  02/20/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to report an allegation of abuse involving a housekeeper (Housekeeper 6) kissing a resident (Resident E) and messaging the resident on a social media platform for 1 of 3 reportable events reviewed. Findings include: An anonymous report submitted to the Indiana Department of Health indicated a staff member was having an affair with a resident and facility management failed to act upon the allegation. During an interview on 2/19/26 at 3:24 p.m., the Administrator indicated while CNA 7 was assisting Resident E with a shower, Resident E told CNA 7 that she and Housekeeper 6 had kissed. CNA 7 reported the allegation to management as the Administrator was not in the building at the time. The Administrator called the Housekeeping Supervisor and told her to suspend Housekeeper 6. The Administrator handled the incident as a reportable, he suspended Housekeeper 6, investigated the allegation and interviewed other residents. Housekeeper 6 denied the allegation of kissing Resident E but admitted that he and Resident E messaged each other on a social media platform. When Resident E was first interviewed about the allegation, she confirmed that she had kissed Housekeeper 6 then in a follow up interview Resident E recanted the statement and indicated she made it up to get closer to Housekeeper 6. The Administrator indicated that he did not report the allegation to the state agency due to the statement made by Resident E was not truthful. The Administrator provided the investigation related to Housekeeper 6 and Resident E on 2/19/26 at 3:55 p.m. The investigation included the following statements: A written statement by CNA 7 dated 11/11/25 indicated while assisting Resident E with a shower, Resident E confided in her that she had been upset over the weekend, but Housekeeper 6 made her feel way better. Resident E asked CNA 7 not to tell anyone because she didn't want to get anyone in trouble. Resident E indicated when she was sad, Housekeeper 6 asked what he could do to make her feel better and Resident E said a kiss, so Housekeeper 6 kissed her on the lips three times. After the shower she reported it to the Infection Prevention Nurse. A typed statement dated 11/11/25 indicated it was brought to the Infection Prevention Nurse and the Business Office Manager's attention that Housekeeper 6 had been in Resident E's room, and kissed Resident E. When Resident E was questioned about the interaction, she indicated the kiss was wanted and she didn't want to get Housekeeper 6 into trouble. The interaction had been going on for about a week, and they had been messaging back and forth through a social media platform. A current facility policy titled Care Strategies Abuse and Prevention Policy, and provided by the DON on 2/20/26 at 12:11 p.m. indicated the following: .7. Reporting/Response: a. The facility will ensure that alleged violations involving .or abuse .are reported immediately to the Administrator of the facility or his/her designee. When required by law or regulation, the facility shall ensure timely notification to the Department of Health This citation relates to Intake 2730891. 3.1-28(c)</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:  Facility ID: 15E064	If continuation sheet Page 1 of 1