STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF HAMMOND	5620 SOHL AVENUE, HAMMOND, , 46320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 468116, 468555, 468669, and 469696. Intake 468116 - State deficiency related to the allegations is cited at R241. Intake 468555 - No deficiencies related to the allegations are cited. Intake 468669 - No deficiencies related to the allegations are cited. Intake 469696 - No deficiencies related to the allegations are cited. Survey date: 6/8/26 Facility number: 013801 Residential Census: 105	R 0000	June 24, 2026 Suzanne Kuzemka, Director of Long-Term Care Indiana Department of Health 2 North Meridian Street Sec 4-B Indianapolis, In 46204-3006 Dear Ms. Kuzemka: Please reference the enclosed 2567L as “Plan of Correction” for the June 8, 2026, State Residential Licensure Complaint Survey (468116) that was conducted at Silver Birch of Hammond. I will submit signature sheets of the in-servicing, content of in-service and audit tools June 23,2026. Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts	

	This State Residential Finding is cited in accordance with 410 IAC (Indiana Administrative Code)16.2-5. Quality review completed on 6/10/26.		alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and / or executed solely because it is required by the provision of the Federal State Laws. This facility appreciates the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better our Elders in our community. The Plan of Correction submitted on June23,2026 serves as our allegation of compliance. Should you have any questions or concerns regarding the Plan of Corrections, please contact me. Respectfully, Neysa Holman Stewart, HFA	

R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure a medication was administered and documented as ordered by the physician for 3 of 5 residents observed during a morning medication administration. (Residents C, D, and E) Findings include: 1. During a morning medication pass observation on 6/8/26 at 8:40 a.m., QMA 1 prepared Resident C's medications of divalproex (mood stabilizer) 500 milligrams (mg), Enalapril (ACE inhibitor) 10 mg, Olanzapine (antipsychotic) 10 mg, Risperidone (antipsychotic) 0.25 mg, Senna (laxative) 8.6 mg, simvastatin (cholesterol) 10 mg, docusate sodium (stool softener) 100 mg, and vitamin D3 5000 international units (IU).	R 0241	Silver Birch of Hammond Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. **R 241** **Residents Affected:** Resident C received Lactulose and refresh tears medication on 6/8/26 and Resident E received nasal spray on 6/8/2026, Resident D MD notified of the escitalopram medication clarification by pharmacy and community, medication was discontinued on 6/15/26. No negative outcome from medication not being administered or documented as ordered by the physician. The QMA noted was immediately re-educated regarding administering and documenting medication as ordered by the physician. **Potential to be affected:** All facility residents that staff administer medication have the potential to be affected by the same deficient practice. On 6/9/26 DHW and Designee audited med carts to ensure all medication is in med cart as	06/15/2026

	QMA 1 indicated there were eight medications. The medications were administered to the resident. Resident C's record was reviewed on 6/8/26 at 10:30 a.m. The diagnoses included, but were not limited to schizophrenia and constipation. The Physician's Orders, dated 4/28/26, indicated the resident should have also received Lactulose (laxative) 10 grams per 15 milliliters (ml), 30 ml's daily and 5/526 refresh tears one drop each eye four times a day. The Medication Administration Record (MAR), dated 6/2026, indicated the Lactulose and refresh tears had been administered at 8:00 a.m. During an interview on 6/8/26 at 11:18 a.m., QMA 1 indicated she had not administered the Lactulose and the refresh tears as ordered and had been initialed as given on the MAR.		ordered per physician. No other residents were affected by the alleged deficient practice. Systemic change: Nurses and QMA’s have been re-educated on Facility Policy & Procedure related to Medication Administration and Documentation in the MAR by the DHW on 6-8-26 -6/16/26. The Director of Health and Wellness or designee will audit applicable Medication not available audit report weekly for 3 months to ensure medication is available or if pharmacy / physician clarification is required to ensure medication is available for administration as ordered by physician. The DHW or designee will monitor QMAs during medication pass observation 3 times a week for 4 weeks and weekly for 8 weeks to ensure medication is administered and documented as physician ordered. Monitoring: The Director of Health and Wellness or Designee will complete QMAs medication administration observation 3 times a week for 4 weeks and weekly for weekly for 8 weeks to ensure medication is administered and documented as ordered by physician. The Director of Health and	

	2. QMA 1 prepared Resident D's morning medication on 6/8/26 at 8:45 a.m. The medications consisted of Baclofen (muscle relaxant) 20 mg, gabapentin (nerve medication) 100 mg, hydrochlorathiazide (diuretic) 25 mg, and ibuprofen (pain medication) 800 mg. QMA 1 indicated there were four medications. Resident D refused the ibuprofen and the other medications were administered. Resident D's Record was reviewed on 6/8/26 at 10:30 a.m. The diagnoses included, but were not limited to, pain and major depressive disorder. A Physician's Order, dated 5/8/26, indicated escitalopram (antidepressant) 20 mg was to be administered daily. The MAR, dated 6/2026, indicated the escitalopram had been administered on 6/8/26 at 8:00 a.m. During an interview on 6/8/26 at 11:18 a.m., QMA 1 indicated the medication had not been included in medication packet. It had not been administered but was initialed as given on the MAR. 3. QMA 1 prepared Resident E's medications on 6/8/26 at 8:50		Wellness or Designee will audit applicable Medication not available audit report weekly for 12 weeks to ensure medication is available or if pharmacy / physician clarification is required to ensure medication is available for administration as ordered by physician. Any issues will be addressed immediately. The audits will be discussed during our monthly QI meeting for QI committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for three consecutive months. This plan to be amended when indicated. **Date by which systemic corrections will be completed: 7-7-26**	

a.m. The medications consisted of Amlodipine (antihypertensive) 10 mg, aspirin 81 mg, atrovastatin (cholesterol) 40 mg, famotidine (stomach acid) 20 mg, hydrochlorathiazide (diuretic) 25 mg, and Losartan (antihypertensive) 100 mg.

QMA 1 indicated there were six medications and administered the medications to the resident.

Resident E's record was reviewed on 6/8/26 at 10:30 a.m. The diagnoses included, but were not limited to, hypertension.

A Physician's Order, dated 6/7/22, indicated fluticasone propionate (allergies) 50 micrograms, one spray each nostril daily was to be administered.

The MAR, dated 6/2026, indicated the fluticasone propionate had been administered.

During an interview on 6/8/26 at 11:18 a.m., QMA 1 indicated the fluticasone propionate had not been administered but was initialed as given on the MAR.

A facility medication administration policy, dated 3/24/2021 and received from the Director of Nursing as current, indicated the medications were to be ordered

	by a licensed prescriber, the medication would be documented at the time taken by the resident, documentation in the medication record indicated the medication was received as prescribed. This citation relates to Intake 468116.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURENeysa Stewart	TITLEExecutive Director	(X6) DATE06/24/2026