

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF HAMMOND		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Complaints IN00390158, IN00391087, and IN00395018. Complaint IN00390158 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00391087 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00395018 - Substantiated. State deficiencies related to the allegations are cited at R0144 and R0147. Survey date: January 10, 2023 Facility number: 013801 Residential Census: 104 These State Residential Findings are cited in accordance with 410 IAC 16.2-5.	R 0000	January 25, 2023 Brenda Buroker, Director of Long-Term Care Indiana Department of Health 2 North Meridian Street Sec 4-B Indianapolis, In 46204-3006 Dear Ms. Buroker: Please reference the enclosed 2567L as "Plan of Correction" for the				

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Quality review completed on
1/13/23.

January 10,2023 State
Residential Licensure Survey
(IN00395018)
that was conducted at Silver
Birch of Hammond. I will submit
signature sheets
of the in-servicing, content of
in-service and audit tools
[January 25,2023](#). Preparation
and / or execution of this
plan of correction does not
constitute admission or
agreement by the provider
of the truth facts 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 January 25,2023
serves
as our allegation of compliance.
The provider respectfully
request a Desk Review
on or after

February 3, 2023. Should you
have any question or concerns
regarding the Plan of

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			Corrections, please contact me. Respectfully, Neysa Holman Stewart, HFA	
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to maintain a sanitary environment, related to food and fluid cartons, dirt, carpet stains, toilet stains, and trash on the floor in a resident's apartment. (Resident G) Finding includes: During an observation of Resident G's room with the Director of Nursing (DON) on 1/10/23 at 2:46 p.m., there were styrofoam food containers, empty juice containers, dirt, and trash on the tiled floor. The carpeting of the room had a black substance in several areas of the carpeting, and the toilet seat was stained. The DON acknowledged the	R 0144	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 144 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident#G's apartment was immediately cleaned and sanitized. Housekeeping was educated regarding	02/03/2023

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unkempt appearance of the apartment.

During an interview on 1/10/23 at 3:06 p.m., the Executive Director indicated the apartment was cleaned on Friday and was scheduled to be cleaned weekly.

This Residential tag relates to Complaint IN00395018.

Based on observation and interview, the facility failed to maintain a sanitary environment, related to food and fluid cartons, dirt, carpet stains, toilet stains, and trash on the floor in a resident's apartment. (Resident G)

Finding includes:

During an observation of Resident G's room with the Director of Nursing (DON) on 1/10/23 at 2:46 p.m., there were styrofoam food containers, empty juice containers, dirt, and trash on the tiled floor. The carpeting of the room had a black substance in several areas of the carpeting, and the toilet seat was stained. The DON acknowledged the unkempt appearance of the apartment.

During an interview on 1/10/23 at 3:06 p.m., the Executive Director indicated the apartment was cleaned on Friday and was scheduled to be cleaned

notifying the Executive Director & Environmental Service Manager of the need of additional housekeeping service due to condition of apartment after weekly cleaning. Resident was re-educated regarding "Resident Rules and Regulation Attachment 4" of the lease regarding disposal of trash in the proper receptacle by the Executive Director and Environmental Service Manager on 1/10/23. No other residents were affected by the deficient practice.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

All residents residing in the community are at risk for this alleged deficient practice. To identify other residents having the potential to be affected by the same deficient practice, the ESM and Housekeepers completed a community sweep of apartments to ensure cleanliness.

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weekly.

This Residential tag relates to Complaint IN00395018.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;

On 1/10/23 Resident#G housekeeping service was increase to twice a week. Housekeeping will monitor resident apartment for the need of additional housekeeping services and notify the Environmental Service Manager of the need for increase services.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;

The Environmental Service Manager or Designee will inspect Resident#G's apartment once a week for 3 months to ensure the apartment is maintain in a clean and orderly condition. Any issues will be addressed immediately. The audits will be discussed during our monthly QI meeting for trends,

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			patterns and areas of concern. 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: 02/03/23	
R 0147	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(d) (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities. Based on observation, record review, and interview, the facility failed to comply with fire and safety standards related to a resident with indicators he had been smoking in his apartment. (Resident G) Finding includes: During a confidential resident interview on 1/10/23 at 2:29	R 0147	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 147 What corrective action(s) will be accomplished for	02/03/2023

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p.m., it was reported that Resident G had been smoking in his apartment.

During an observation of Resident G's room with the Director of Nursing (DON) on 1/10/23 at 2:46 p.m., there were five cigarette butts found on the carpeting of the floor and one cigarette butt on the tiled floor. In the bathroom there were ashes from a cigarette located on the floor.

Resident G indicated he could not recall how the cigarette butts got in his room and on the floor and he had not been smoking in his room.

The DON indicated the resident was aware he had to go outside to smoke.

The Lease Agreement, dated 11/12/23 and received from the Executive Director as current, indicated no smoking or vaping would be allowed in any common areas or in the apartments. Smoking would be allowed on the exterior grounds in designated areas.

This Residential tag relates to Complaint IN00395018.

Based on observation, record review, and interview, the facility failed to comply with fire and safety standards related to a resident with indicators he had been smoking in his apartment.

those residents found to have been affected by the deficient practice;

Resident #G was immediately re-educated regarding the no smoking policy noted in his lease and was given a smoking warning letter. Resident #G's apartment floor / carpet was cleaned of cigarette butts and ashes. No other residents were affected by the deficient practice.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

All residents residing in the community are at risk for this alleged deficient practice. To identify other residents having the potential to be affected by the same deficient practice, ESM & ED completed a tour of the community for

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(Resident G)

Finding includes:

During a confidential resident interview on 1/10/23 at 2:29 p.m., it was reported that Resident G had been smoking in his apartment.

During an observation of Resident G's room with the Director of Nursing (DON) on 1/10/23 at 2:46 p.m., there were five cigarette butts found on the carpeting of the floor and one cigarette butt on the tiled floor. In the bathroom there were ashes from a cigarette located on the floor.

Resident G indicated he could not recall how the cigarette butts got in his room and on the floor and he had not been smoking in his room.

The DON indicated the resident was aware he had to go outside to smoke.

The Lease Agreement, dated 11/12/23 and received from the Executive Director as current, indicated no smoking or vaping would be allowed in any common areas or in the apartments. Smoking would be allowed on the exterior grounds in designated areas.

This Residential tag relates to Complaint IN00395018.

evidence of residents smoking in apartment. The smoking policy and designated smoking area will be discussed during Resident Council meeting and a memo will be placed in resident monthly newsletter.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;

On 1/10/23 Housekeeping and Environmental Service Manger was immediately educated by the Executive Director regarding looking for evidence of resident smoking in apartment which is a violation of resident lease and a safety hazard. Housekeeping will serve resident with Smoking Warning Letter notice if evidence of smoking is observed in resident apartment and notify the Executive Director & Environmental Service Manager immediately. The ED or ESM will meet with the resident regarding safety hazard and lease violation.

How

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the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;

The Executive Director or Designee will inspect Resident#G's apartment twice a week for evidence of smoking for 3 months any issues will be addressed immediately. The audits will be discussed during our monthly QI meeting for trends, patterns and areas of concern. 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:
02/03/23

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
SIGNATURE

TITLE

(X6) DATE