

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 08/21/2026
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF MUNCIE		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 W KILGORE AVENUE, MUNCIE, , 47304		
(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 Intake 470741. Intake 470741 - State deficiencies related to the allegations are cited at R0055. Survey dates: August 20 & 21, 2026 Facility number: 014034 Residential Census: 107 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 28, 2026.	R 0000		
R 0055	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(y)(1-4) (y) Residents have the right to be treated as individuals with consideration and respect for their privacy. Privacy shall be afforded	R 0055	<i>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is</i>	09/01/2026

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FORM APPROVED

OMB NO. 0938-0391

for at least the following:

- (1) Bathing.
- (2) Personal care.
- (3) Physical examinations and treatments.
- (4) Visitations.

Based on interview and record review, the facility failed to protect a resident's right to privacy when a staff member (QMA 3) took pictures on their personal phone of a resident's personal health information and sent them to other staff members for 1 of 7 residents reviewed for resident rights. (Resident B)

Findings include:

During a telephone interview, on 8/20/26 at 11:45 a.m., QMA 3 indicated she took pictures of Resident B's medication orders, pill packs, and wounds on her personal phone. The pictures were taken and sent to the ADON and DON because the QMA indicated no nurse was on shift at that time. No date was given for when these pictures were taken.

Resident B's record was reviewed on 8/20/26 at 1:09 p.m. Medical diagnoses included cellulitis (bacterial skin infection), type two diabetes,

prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Joe Collins, Executive Director, Silver Birch of Muncie.

Prefix Tag # 0055

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

The Director of Nursing and Wellness (DON-W) will provide an in-service for all clinical staff regarding Residents Rights to Privacy as well as Silver Birch personal cell phone usage policy.

2. How the facility will identify other residents having the potential to be affected by the same

and heart failure.

A 6/16/26 Level of Care Assessment indicated the resident needed assistance with daily decision making.

During an interview, on 8/21/26 at 9:12 a.m., QMA 4 indicated QMA 3 was observed on multiple occasions taking photographs of Resident B's leg wounds. QMA 4 indicated staff were not allowed to take pictures of residents on their personal phones.

During an interview, on 8/21/26 at 12:54 p.m., the DON indicated staff were not allowed to take pictures of resident's personal information.

Review of QMA 3's employee file was completed on 8/21/26 at 10:16 a.m. QMA 3 signed acknowledgement of resident rights and resident confidentiality policies on 4/21/26.

A current facility policy titled, "Resident Rights & Facility Responsibilities," provided by the DON on 8/21/26 at 1:44 p.m., indicated the following: "...It is the facility's policy to abide by all resident rights ... (11) Personal Privacy in Care/Treatment. The right to privacy during medical examination or treatment and in the care of personal or bodily

deficient practice and what corrective action will be taken:

The Director of Nursing and Wellness, or designee, will complete an audit, to include 100% of residents, to identify any residents who may have been affected.

3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.

The Director of Nursing and Wellness, or designee, will educate all clinical staff on Residents Right to Privacy by September 11, 2026. Additionally, the Director of Nursing & Wellness, or designee, will complete routine audits with residents for any concerns with their privacy.

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

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needs ...AUDIO AND VIDEO RECORDING Team members are prohibited from the use of audio and/or video recording in the workplace, including camera-equipped phones, tablets, and other devices to protect the privacy of residents and team members. Team members may not bring audio or video recording devices into areas where resident privacy may be compromised. This includes any area where Protected Health Information (PHI) is used"

This citation relates to Intake 470741.

The Director of Nursing and Wellness, or designee, shall complete a review of 100% of residents concerning right to privacy monthly; this review will continue monthly for six months. If 100% compliance is not met during the monthly review, the audit will begin again at the previously noted review sequence until there are six consecutive months of 100% compliance. The Director of Nursing and Wellness, or Designee, will report to the Community's Quality Assurance & Performance Improvement Committee and Executive Director. The Executive Director, or designee, will update the Quality Assurance Committee until the Committee determines the area is resolved.

5. By what date the systemic changes will be completed:

Systematic changes will be in effect by March 11, 2027. The facility respectfully requests a paper compliance review.

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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 SIGNATUREJoe Collins	TITLEAdministrator	(X6) DATE09/15/2026
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