STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF MUNCIE	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 466644. Intake 466644 - State deficiencies related to the allegations are cited at R0090. Survey date: December 23 ad 24, 2025 Facility number: 014034 Residential Census: 107 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed December 30, 2025.	R 0000		
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are	R 0090		01/05/2026

not limited to, the following:

(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

(A) epidemic outbreaks;

(B)poisonings;

(C) fires; or

(D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:

(A) employee's full name; and

(B) dates and hours worked during the past twelve (12) months.

(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.

(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request

Based on interview and record review, the facility failed to report and initiate an investigation of allegations of misappropriation of resident property to the Indiana Department of Health for 1 of 3 residents reviewed for misappropriation. (Resident C)

Findings include:

Resident C's clinical record was reviewed on 12/23/25 at 2:40 p.m. Diagnoses included type 2 diabetes, depression, diabetic neuropathy, schizophrenia, and morbid obesity.

During an interview on 12/23/25 at 12:28 p.m., Resident D indicated he had been "robbed" twice since he was admitted to

the facility. The first time was over a year ago when he left his wallet in his apartment while at the hospital. The second time was past month, when someone got into his jewelry box and took a signet ring worth $100.00. Resident C indicated he reported the incident to the front desk and the Administrator.

During an interview on 12/24/25 at 8:59 a.m., the Administrator indicated on 12/8/25, Resident C reported to him someone had taken a ring from him. The Administrator asked the resident to explain in more detail. The resident reported the incident occurred approximately two months ago. The Administrator told the resident the facility could not investigate something that happened two months ago. The Administrator asked the resident to please go back to his apartment and look for the ring, and he would come later to help the resident look. If the resident was unable to find the ring, he was to let the Administrator know. The Administrator went to the resident's apartment to look for the ring, but the resident was not at home. The resident never followed up with the Administrator and the Administrator never followed up with the resident. The Administrator indicated CNA 2 later came to him and reported Resident C's missing ring. The Administrator informed the CNA

he was already aware.

A current facility policy, dated 2/1/2020, titled "Abuse, Neglect, Exploitation and Misappropriation Policy and Procedure" was provided by the Administrator on 12/23/25 at 10:38 a.m. The policy indicated the following:

" .... Definitions" .... Misappropriation of resident property is the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. ....

Identification: The community identifies events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse, and do determine the direction of the investigation.

Investigation: The community investigates different types of incidents. The community identifies the staff member responsible for the initial reporting, investigation of alleged violations and reporting of results of the proper authorities. The community must ensure that all alleged violations are thoroughly investigated; and must prevent further potential abuse while the investigation is in progress. ...."

A current facility policy, dated

2/1/2020, titled "Incident Reporting Policy" was provided by the Administrator on 12/23/25 at 2:05 p.m. The policy indicated the following: "...It is the policy of Silver Birch Living to report incidents and unusual occurrences as prescribed by federal, state, and local regulations. Any member of the staff with knowledge or an incident/event should immediately report the incident/event to their immediate supervisor; who is then responsible for immediately reporting to the Executive Director. ...."

This citation is related to Intake 466644.

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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 SIGNATURE	TITLE	(X6) DATE