STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/28/2021

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 Complaints IN00362320, IN00360336, IN00362976, and IN00361844. Complaint IN00362320. - Substantiated. State Residential Findings related to the allegations are cited at R0030 & R0216. Complaint IN00360336 - Substantiated. State Residential Findings related to the allegations are cited at R0029 & R0053. Complaint IN00362976, - Substantiated. State Residential Findings related to the allegations are cited at R0029. Complaint IN00361844. - Unsubstantiated due to lack of evidence. Survey date: September 27 and 28, 2021 Facility number: 014034	R 0000		

	Residential Census: 109 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 30, 2021.			
R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d) (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview and record review, the facility failed to ensure residents were treated with dignity regarding statements made by staff members regarding residents stealing silverware and being mean, for 3 of 13 residents interviewed regarding meal service and dining satisfaction. (Residents J, K and L). Findings include: During lunch meal observations on 9/27/21, from 11:40 a.m.. to 12:35 p.m., and 9/28/21 from 11:45 a.m. to 12:15 p.m., resident were eating with plastic ware utensils. During an interview on 9/27 at 11:41 a.m., Resident J indicated she had been told by the Dietary Manager that residents	R 0029	The submission of this plan 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 prepared and submitted because of requirements under state 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. Should additional information be necessary to confirm said compliance, please feel free to contact me. **R029 Resident Rights - Deficiency**	10/28/2021

	must use plastic ware because the residents had stole the silverware. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated she had been told by the Dietary Manager that the residents must use plastic ware instead of regular silverware because the residents had stolen so much silverware. During an interview on 9/27/21 at 11:43 a.m., Resident L indicated the Dietary Manager had informed her they were using plastic ware because the residents stole silverware. During an interview on 9/27/21 at 11:41 a.m., Resident J indicated the leadership had told them the facility could not keep staff because they residents were mean. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated they were told that residents were mean and they can't keep staff because of that. During an interview on 9/27/21 at 11:43 a.m., Resident L indicated we have been told they can't keep staff because residents were mean. Content notes from the 9/2/21 "Resident Chat" meeting indicated the following: The meeting was lead by the		**What corrective action will be accomplished for those residents found to have been affected by the deficient practice;** Due to the nature of this survey, residents were not able to be identified **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;** Residents who had contact with former Dietary Manager has the potential to be affected by this alleged deficient practice. Incident was reported to state department of health per regulation and investigated. Dietary Manager is no longer employed at the community. **What measures will be put into place or what systemic changes the facility will make to ensure that the**	

	Administrator serving in the position on that date and the Director of Nursing (DON). "Why are we having so much trouble keeping staff? ...Residents mean to staff." A current, undated, "Resident Handbook", which was provided by the Administrator on 9/27/21 at 10:39 a.m., indicated the following: "The resident shall have a right to: ...Be treated at all times with consideration, respect and recognition of their dignity..." This residential tag relates to complaint numbers IN00360336 and IN00362976. Based on interview and record review, the facility failed to ensure residents were treated with dignity regarding statements made by staff members regarding residents stealing silverware and being mean, for 3 of 13 residents interviewed regarding meal service and dining satisfaction. (Residents J, K and L). Findings include: During lunch meal observations on 9/27/21, from 11:40 a.m.. to 12:35 p.m., and 9/28/21 from 11:45 a.m. to 12:15 p.m., resident were eating with plastic		**deficient practice does not recur;** During Resident Council residents will be asked if they have been treated with dignity by staff. If any resident says “no” an investigation will be conducted. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** Resident Council minutes will be reviewed by Executive Director monthly to assure there are no dignity issues for residents by staff. **What date the systemic changes will be completed:** 10/28/21	

	ware utensils. During an interview on 9/27 at 11:41 a.m., Resident J indicated she had been told by the Dietary Manager that residents must use plastic ware because the residents had stole the silverware. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated she had been told by the Dietary Manager that the residents must use plastic ware instead of regular silverware because the residents had stolen so much silverware. During an interview on 9/27/21 at 11:43 a.m., Resident L indicated the Dietary Manager had informed her they were using plastic ware because the residents stole silverware. During an interview on 9/27/21 at 11:41 a.m., Resident J indicated the leadership had told them the facility could not keep staff because they residents were mean. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated they were told that residents were mean and they can't keep staff because of that.			

	During an interview on 9/27/21 at 11:43 a.m., Resident L indicated we have been told they can't keep staff because residents were mean. Content notes from the 9/2/21 "Resident Chat" meeting indicated the following: The meeting was lead by the Administrator serving in the position on that date and the Director of Nursing (DON). "Why are we having so much trouble keeping staff? ...Residents mean to staff." A current, undated, "Resident Handbook", which was provided by the Administrator on 9/27/21 at 10:39 a.m., indicated the following: "The resident shall have a right to: ...Be treated at all times with consideration, respect and recognition of their dignity..." This residential tag relates to complaint numbers IN00360336 and IN00362976.			
R 0030	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(e)(1-6) (e) Residents have the right to be provided, at the time of admission to the facility, the following:	R 0030	**R030 Resident Rights - Noncompliance** **What corrective action will be accomplished for**	10/28/2021

	(1) A copy of his or her admission agreement. (2) A written notice of the facility ' s basic daily or monthly rates. (3) A written statement of all facility services (including those offered on an as needed basis). (4) Information on related charges, admission, readmission, and discharge policies of the facility. (5) The facility ' s policy on voluntary termination of the admission agreement by the resident, including the disposition of any entrance fees or deposits paid on admission. The admission agreement shall include at least those items provided for in IC 12-10-15-9. (6) If the facility is required to submit an Alzheimer ' s and dementia special care unit disclosure form under IC 12-10-5.5, a copy of the completed Alzheimer ' s and dementia special care unit disclosure form. Based on observation, interview and record review, the facility failed to provide a written statement of facility services regarding diet types, therapeutic diets, and alternate food that are available for 7 of 13 residents interviewed about diet types and alternate foods (Resident P, Q, R, L, J, K and E) and 1 of 1 family interviewed in a confidential interview.		**<u>those residents found to have been affected by the deficient practice;</u>** Due to the nature of this survey, residents were not able to be identified **<u>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;</u>** Residents in the community have the potential to be affected by the alleged deficient practice. Each current resident will be made aware that the community does not provide therapeutic diets. Each potential resident will be made aware that the community does not provide therapeutic diets. Community lease will be updated in January 2021 to include the verbiage that the community does not provide therapeutic	

	Findings Include: During observations on 9/27/21, from 11:40 a.m.. to 12:35 p.m., and 9/28/21, from 11:45 a.m. to 12:15 p.m., lunch meal service observations, each resident's place setting had a paper menu with the food items being offered that meal and one alternate entree. The paper menu did not have any information regarding therapeutic diets. During an interview on 9/28/21 at 11:27 a.m., Resident P indicated at the time of admission, he had not been informed the facility only served a regular diet. During an interview on 9/28/21 at 11:28 a.m., Resident Q indicated at the time of admission, she had not been offered any information about types or alternate choices. During an interview on 9/28/12 at 11:30 a.m., Resident R indicated at the time of admission, she was never told any information about diet types or alternates. During an interview on 9/28/21 at 11:32 a.m., Resident L indicated at the time of admission, she was shown a long list of alternate foods like bakes potatoes or eggs and told she could always choose from alternates to meet her dietary		diets. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** Executive Director will assure there is a signature is acquired from current residents & future residents to assure they have been advised that the community does not provide therapeutic diets. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** An audit will be conducted 1 time/month to assure there is a signature of understanding from current residents that the community does not provide therapeutic diets as well as for new move in. **What date the systemic changes will be completed:**	

	needs. They stopped offering the list of alternates. During an interview on 9/28/21 at 11:33 a,m,. Resident J indicated at the time of admission, she had been told the many alternates they offered would allow her to meet all her specialized dietary needs. She indicated she was shown a long list of alternates which included items like a fruit plate and cottage cheese. They reduced then stopped offering the list of alternates. During an interview on 9/28/12 at 11:34 a.m., Resident K indicated at the time of admission, she had been shown a long list of alternate food items and told she could choose items to meet all her dietary needs. She indicated the alternate list slowly decreased then disappeared totally. During an interview on 9/28/21 at 11:38 a.m., Resident E indicated at the time of admission, she had not been informed that the facility only served a regular diet and did not offer therapeutic diets. During a confidential family interview on 9/28/21 at 9:25 a.m., a family member indicated at the time of admission, the family and the resident had been shown a long list of alternate food items which		10/28/21	

	included, but was not limited to, a baked potato, fruit plate, cottage cheese, and soup. They were informed the resident could meet all their dietary needs using the alternate list. Currently, the facility no longer offered the food on the alternate list and the resident cannot meet all their dietary needs with the foods served by the facility. During a 9/27/21, 11:44 a.m., interview, the Administrator indicated the facility's admission packet does not contain information regarding the facility only serving a regular diet and no therapeutic diets. She also indicated the facility had reduced from a list of alternate foods to one listed entree alternate due to the staff necessary to produce the items. A current, undated, portion size guide for week 5 of the menu cycle, which was provided by the Administrator on 9/27/21 at 2:45 p.m., contained portion size guidance for a regular diet and had no guidance for therapeutic diets or alternates. A current, undated, "Resident Handbook", which was provided by the Administrator on 9/27/21 at 10:39 a.m., indicated the following: "If you choose to purchase Food and Meal Preparation Services from the Owner,...provided			

	according to the to the terms of the Food and Meal Preparation Agreement..." The document did not address diet types, therapeutic diets or alternates. This residential tag relates to complaint IN00362320. Based on observation, interview and record review, the facility failed to provide a written statement of facility services regarding diet types, therapeutic diets, and alternate food that are available for 7 of 13 residents interviewed about diet types and alternate foods (Resident P, Q, R, L, J, K and E) and 1 of 1 family interviewed in a confidential interview. Findings Include: During observations on 9/27/21, from 11:40 a.m.. to 12:35 p.m., and 9/28/21, from 11:45 a.m. to 12:15 p.m., lunch meal service observations, each resident's place setting had a paper menu with the food items being offered that meal and one alternate entree. The paper menu did not have any information regarding therapeutic diets. During an interview on 9/28/21 at 11:27 a.m., Resident P indicated at the time of admission, he had not been informed the facility only served a regular diet.			

	During an interview on 9/28/21 at 11:28 a.m., Resident Q indicated at the time of admission, she had not been offered any information about types or alternate choices. During an interview on 9/28/12 at 11:30 a.m., Resident R indicated at the time of admission, she was never told any information about diet types or alternates. During an interview on 9/28/21 at 11:32 a.m., Resident L indicated at the time of admission, she was shown a long list of alternate foods like bakes potatoes or eggs and told she could always choose from alternates to meet her dietary needs. They stopped offering the list of alternates. During an interview on 9/28/21 at 11:33 a,m,. Resident J indicated at the time of admission, she had been told the many alternates they offered would allow her to meet all her specialized dietary needs. She indicated she was shown a long list of alternates which included items like a fruit plate and cottage cheese. They reduced then stopped offering the list of alternates. During an interview on 9/28/12 at 11:34 a.m., Resident K indicated at the time of admission, she had been shown			

	a long list of alternate food items and told she could choose items to meet all her dietary needs. She indicated the alternate list slowly decreased then disappeared totally. During an interview on 9/28/21 at 11:38 a.m., Resident E indicated at the time of admission, she had not been informed that the facility only served a regular diet and did not offer therapeutic diets. During a confidential family interview on 9/28/21 at 9:25 a.m., a family member indicated at the time of admission, the family and the resident had been shown a long list of alternate food items which included, but was not limited to, a baked potato, fruit plate, cottage cheese, and soup. They were informed the resident could meet all their dietary needs using the alternate list. Currently, the facility no longer offered the food on the alternate list and the resident cannot meet all their dietary needs with the foods served by the facility. During a 9/27/21, 11:44 a.m., interview, the Administrator indicated the facility's admission packet does not contain information regarding the facility only serving a regular diet and no therapeutic diets. She also indicated the facility had reduced from a list of alternate			

	foods to one listed entree alternate due to the staff necessary to produce the items. A current, undated, portion size guide for week 5 of the menu cycle, which was provided by the Administrator on 9/27/21 at 2:45 p.m., contained portion size guidance for a regular diet and had no guidance for therapeutic diets or alternates. A current, undated, "Resident Handbook", which was provided by the Administrator on 9/27/21 at 10:39 a.m., indicated the following: "If you choose to purchase Food and Meal Preparation Services from the Owner,...provided according to the to the terms of the Food and Meal Preparation Agreement..." The document did not address diet types, therapeutic diets or alternates. This residential tag relates to complaint IN00362320.			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse. Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 6 of 13	R 0053	**R053 Resident Rights - Deficiency** **<u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</u>**	10/28/2021

	residents interviewed regarding dietary satisfaction (Resident J, K, L, M, N, and O). Findings Include: During an interview on 9/27/21 at 11:41 a.m., Resident J indicated that over the weekend the Dietary Manager became upset when the residents were complaining about meal service and she said she was going to stop serving the meal, leave, and go home. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated that over the weekend the Dietary Manager got upset with the residents complaining and said she was going to stop serving the meal and go home During an interview on 9/27/21 at 11:43 a.m., Resident L indicated the other day the Dietary Manager was upset with the residents complaining about slow meal service and she threatened to leave and go home before finishing meal service. During an interview on 9/27/21 at 11:47 a.m., Resident M indicated that over the weekend the Dietary Manager said she was going to leave and stop serving the meal because residents were complaining. During an interview on 9/27/21 at 11:52 a.m., Resident N		Due to the nature of this survey, residents were not able to be identified **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;** Residents who had contact with former Dietary Manager has the potential to be affected by this alleged deficient practice. Incident was reported to state department of health per regulation and investigated. Dietary Manager is no longer employed at the community. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** During Resident Council residents will be asked if they have been treated with dignity by staff. If any resident says “no”	

	indicated the Dietary Manager was upset about the residents complaining about long waits for the meal, She said she would leave and go home if they didn't like it. She said he wasn't getting paid anyway. During an interview on 9/27/21 at 11:53 a.m., Resident O indicated the other day the Dietary Manager was upset with the residents complaining because they were short staffed. She said she would leave and go home and not serve lunch. The Dietary Manager indicated she wasn't getting paid anyway. A current 8/3/21, facility policy titled "Abuse, Neglect< Exploitation and Misappropriation Policy and Procedure", which was provided by the Administrator on 9/28/21 at 2:22 p.m., indicated the following: "Each resident has the right to be free from abuse... Verbal abuse includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents...include threats of harm, saying things to frighten a resident." This residential tag relates to complaint IN00360336. Based on interview and record		an investigation will be conducted. **<u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</u>** Resident Council minutes will be reviewed by Executive Director monthly to assure there are no dignity issues for residents by staff. **<u>What date the systemic changes will be completed:</u>** 10/28/21	

	review, the facility failed to ensure residents were free from verbal abuse for 6 of 13 residents interviewed regarding dietary satisfaction (Resident J, K, L, M, N, and O). Findings Include: During an interview on 9/27/21 at 11:41 a.m., Resident J indicated that over the weekend the Dietary Manager became upset when the residents were complaining about meal service and she said she was going to stop serving the meal, leave, and go home. During an interview on 9/27/21 at 11:42 a.m., Resident K indicated that over the weekend the Dietary Manager got upset with the residents complaining and said she was going to stop serving the meal and go home During an interview on 9/27/21 at 11:43 a.m., Resident L indicated the other day the Dietary Manager was upset with the residents complaining about slow meal service and she threatened to leave and go home before finishing meal service.			

During an interview on 9/27/21 at 11:47 a.m., Resident M indicated that over the weekend the Dietary Manager said she was going to leave and stop serving the meal because residents were complaining.

During an interview on 9/27/21 at 11:52 a.m., Resident N indicated the Dietary Manager was upset about the residents complaining about long waits for the meal, She said she would leave and go home if they didn't like it. She said he wasn't getting paid anyway.

During an interview on 9/27/21 at 11:53 a.m., Resident O indicated the other day the Dietary Manager was upset with the residents complaining because they were short staffed. She said she would leave and go home and not serve lunch. The Dietary Manager indicated she wasn't getting paid anyway.

A current 8/3/21, facility policy titled "Abuse, Neglect< Exploitation and Misappropriation Policy and Procedure", which was provided by the Administrator on 9/28/21 at 2:22 p.m., indicated the following:

"Each resident has the right to be free from abuse...

Verbal abuse includes the use of oral, written or gestured

	language that willfully includes disparaging and derogatory terms to residents...include threats of harm, saying things to frighten a resident." This residential tag relates to complaint IN00360336.			
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to ensure weights were taken and recorded upon admission and at least semiannually thereafter for 3 of 3 residents reviewed for	R 0216	**R 216 Evaluation – non compliance** **What corrective action will be accomplished for those residents found to have been affected by the deficient practice;** **Due to the nature of this survey the residents were not able to be identified.** **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;** Residents of the community have the potential to be affected. **Weight** **Report will be ran from Point Click Care by DONW or designee and weights will be completed as appropriate and documented for Residents of the Community.**	10/28/2021

weight monitoring (Residents B, C, and D).

Findings Include:

1. Resident B's clinical record was reviewed on 9/28/21 at 10:20 a.m. Current diagnosis included,but were not limited to, hypothyroidism, depression, and anxiety. The resident was admitted to the facility on 12/28/2018.. The most current weight recorded in the resident's record was 2/18/21-282.0 pounds. The record lacked any documented weights since 2/18/21 a period of 7 months. The record lacked a semi-annual weight.

During an interview on 9/28/21 at 11:50 a.m., the RN Consultant indicated Resident B had no record weight since 2/2021.

2. Resident C's clinical record was reviewed on 9/28/21 at 10:10 a.m. Current diagnosis included,but were not limited to, dementia and diabetes mellitus. The resident was admitted to the facility on 3/10/21. There were no weights recorded in the resident's record. The record lacked lacked an admission weight and semi-annual weight.

During an interview on 9/28/21 at 11:49 a.m., the RN Consultant indicated there were no weights recorded in Resident C's clinical record since her

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

Point Click Care has been updated and will populate the needed weights on the EMAR as needed for the clinical staff to complete and document, ongoing for residents of the community.

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

DONW or designee will run Point Click Care Weight Report Monthly and will monitor for missed weights. Missed Weights will be addressed immediately and as appropriate.

What date the systemic changes will be completed
10/28/21

admission.

3. Resident D's clinical record was reviewed on 9/27/21 at 10:31 a.m. Current diagnosis included,but were not limited to, fibromyalgia, asthma, and depression. The resident was admitted to the facility on 5/22/19. The most current weight recorded in the resident's record was 7/18/21-249.0 pounds. Prior to the 7/18/21 documented weight the most current weight was 5/26/20-274.4 pounds. This was a period of 14 months and a weight loss of 25.2 pounds. The record lacked a record of semi-annual weights.

During an interview on 9/28/21 at 11:51 a.m., the RN Consultant indicated their were no weights recorded in the clinical record of Resident D during the 14 month period from 7/18/21 to 5/26/20.

A current, 2/4/20, facility policy titled, :Weight Monitoring Policy", which was provided by the facility and left in the conference room on 9/27/21 at 12:40 p.m., indicated the following:
"It is the policy of Silver Birch Living that all residents will be weighted upon admission and at least semiannually thereafter."

This residential tag relates to complaint IN00362320.

Based on interview and record review, the facility failed to ensure weights were taken and recorded upon admission and at least semiannually thereafter for 3 of 3 residents reviewed for weight monitoring (Residents B, C, and D).

Findings Include:

1. Resident B's clinical record was reviewed on 9/28/21 at 10:20 a.m. Current diagnosis included,but were not limited to, hypothyroidism, depression, and anxiety. The resident was admitted to the facility on 12/28/2018.. The most current weight recorded in the resident's record was 2/18/21-282.0 pounds. The record lacked any documented weights since 2/18/21 a period of 7 months. The record lacked a semi-annual weight.

During an interview on 9/28/21 at 11:50 a.m., the RN Consultant indicated Resident B had no record weight since 2/2021.

2. Resident C's clinical record was reviewed on 9/28/21 at 10:10 a.m. Current diagnosis included,but were not limited to, dementia and diabetes mellitus. The resident was admitted to the facility on 3/10/21. There were no weights recorded in the resident's record. The record lacked lacked an admission

weight and semi-annual weight.

During an interview on 9/28/21 at 11:49 a.m., the RN Consultant indicated there were no weights recorded in Resident C's clinical record since her admission.

3. Resident D's clinical record was reviewed on 9/27/21 at 10:31 a.m. Current diagnosis included,but were not limited to, fibromyalgia, asthma, and depression. The resident was admitted to the facility on 5/22/19. The most current weight recorded in the resident's record was 7/18/21-249.0 pounds. Prior to the 7/18/21 documented weight the most current weight was 5/26/20-274.4 pounds. This was a period of 14 months and a weight loss of 25.2 pounds. The record lacked a record of semi-annual weights.

During an interview on 9/28/21 at 11:51 a.m., the RN Consultant indicated their were no weights recorded in the clinical record of Resident D during the 14 month period from 7/18/21 to 5/26/20.

A current, 2/4/20, facility policy titled, :Weight Monitoring Policy", which was provided by the facility and left in the conference room on 9/27/21 at 12:40 p.m., indicated the following:

	"It is the policy of Silver Birch Living that all residents will be weighted upon admission and at least semiannually thereafter." This residential tag relates to complaint IN00362320.			

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