STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/10/2021

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 IN00366027, IN00366556, and IN00368020. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00366027 - Substantiated. State residential findings related to the allegations are cited at R0268. Complaint IN00366556 - Substantiated. State residential findings related to the allegations are cited at R0268. Complaint IN00368020 - Substantiated. No State Residential Findings related to the allegations were cited. Unrelated deficiency is cited. Survey dates: Deceember 9 & 10, 2021 Facility number: 014034 Residential Census: 109	R 0000		

	These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on December 14, 2021.			
R 0268	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(a) (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements. Based on observation, interview, and record review, the facility failed to serve adequate amounts of palatable food at meals for 5 of 5 resident's interview regarding dietary services. (Residents B, C, D, E, and F) Findings include: 1. During an interview on 12/9/21 at 11:14 a.m., Resident B indicated the meals were bad and she didn't get enough to eat. She supplements with food she purchases herself. Many times she doesn't like what's served, but the only alternative was a peanut butter and jelly sandwich. The clinical record for Resident B was reviewed on 12/9/21 at	R 0268	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. **R268 Food & Nutritional Services - Deficiency** **<u>What corrective action</u>**	12/28/2021

	2:29 p.m. Diagnoses included, but were not limited to, type two diabetes, legal blindness, and major depressive disorder. 2. During an interview on 12/9/21 at 11:37 a.m., Resident C indicated the facility did not offer a choice of what was served. The portions were small. The clinical record for Resident C was reviewed on 12/10/21 at 12:05 p.m. Diagnoses included, but were not limited to, chronic obstructive and gastro-esophageal reflux disease. 3. During an interview on 12/9/21 at 3:19 p.m., Resident D indicated she has trouble with the food. She doesn't feel she had enough choices for a diabetic and the servings are small. She buys food at the store to supplement on top of what she pays the facility for meals. The clinical record for Resident D was reviewed on 12/9/21 at 3:35 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and chronic kidney disease. 4. During an interview on 12/9/21 at 3:02 p.m., Resident E indicated the food was terrible and the portions are small. Everytime the facility goes into quarantine, the food becomes		**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 residing in the community have the potential to be affected by the alleged deficient practice. Cooks were reeducated by Culinary Managee on 12/22/21 regarding proper positioning of food. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;**	

	awful. She misses eating in the dining room where you could order an alternate meal and eat at a table. She has canned food in her room that she eats when she doesn't like what was served. The clinical record for Resident E was reviewed on 12/9/21 at 3:39 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and major depressive disorder. 5. During an interview on 12/10/21 at 10:34 a.m., Resident F indicated the portions of food served are small, but was enough for her. The meat portions are small and usually very tough to chew. The clinical record for Resident F was reviewed on 12/10/21 at 10:45 a.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and anemia. On 12/9/21 at 12:32 p.m., a sample food tray was delivered. The meal was served in a Styrofoam container, with a Styrofoam bowl inside the container. The temperature was warm. The container contained approximately 1/2 cup rice and three bite-sized pieces of pork, a Styrofoam bowl of broccoli, and a wax paper sack with 11 red grapes. The rice was bland and the pork was dry. The broccoli was well cooked.		Culinary Manager / Designee will audit 5 meals/week for proper serving sizes being served for 4 weeks and then 3 meals/week for 3 months. Any issues found will be addressed immediately. **<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>** The audits will be discussed during monthly QAPI meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. **<u>What date the systemic changes will be completed:</u>** 12/28/21	

	During an interview with the Administrator, she indicated the portions were as described above. During an interview on 12/10/21 at 9:20 a.m., the Dietary Manager indicated the department had been aware of the complaints regarding food service and had been working to improve services since she began with the facility on 10/18/21. She confirmed the portion of pork served for lunch on 12/9/21 was incorrect and the container was missing the bread listed on the menu. The cook from 12/9/21 had been re-educated on correct scoops to use when serving food. A current facility policy, dated 5/2/18, titled, "Dietary Standard Portions," left on the table on 12/10/21, included, but was not limited to, the following: "Policy...Uniform food portions shall be established for each diet and served to all residents. Procedure...1. Provide proper equipment for portioning out the correct quantity of food for the residents. ...4. The Dining Services Director should monitor the cooks and their use of portion control utensils on the steamtable/servicing area."			

This State Tag relates to Complaint IN00366027 and IN00366556.

Based on observation, interview, and record review, the facility failed to serve adequate amounts of palatable food at meals for 5 of 5 resident's interview regarding dietary services. (Residents B, C, D, E, and F)

Findings include:

1. During an interview on 12/9/21 at 11:14 a.m., Resident B indicated the meals were bad and she didn't get enough to eat. She supplements with food she purchases herself. Many times she doesn't like what's served, but the only alternative was a peanut butter and jelly sandwich.

The clinical record for Resident B was reviewed on 12/9/21 at 2:29 p.m. Diagnoses included, but were not limited to, type two diabetes, legal blindness, and major depressive disorder.

2. During an interview on 12/9/21 at 11:37 a.m., Resident C indicated the facility did not offer a choice of what was served. The portions were small.

The clinical record for Resident C was reviewed on 12/10/21 at 12:05 p.m. Diagnoses included, but were not limited to, chronic

obstructive and gastro-esophageal reflux disease.

3. During an interview on 12/9/21 at 3:19 p.m., Resident D indicated she has trouble with the food. She doesn't feel she had enough choices for a diabetic and the servings are small. She buys food at the store to supplement on top of what she pays the facility for meals.

The clinical record for Resident D was reviewed on 12/9/21 at 3:35 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and chronic kidney disease.

4. During an interview on 12/9/21 at 3:02 p.m., Resident E indicated the food was terrible and the portions are small. Everytime the facility goes into quarantine, the food becomes awful. She misses eating in the dining room where you could order an alternate meal and eat at a table. She has canned food in her room that she eats when she doesn't like what was served.

The clinical record for Resident E was reviewed on 12/9/21 at 3:39 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and major depressive disorder.

5. During an interview on

	12/10/21 at 10:34 a.m., Resident F indicated the portions of food served are small, but was enough for her. The meat portions are small and usually very tough to chew. The clinical record for Resident F was reviewed on 12/10/21 at 10:45 a.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and anemia. On 12/9/21 at 12:32 p.m., a sample food tray was delivered. The meal was served in a Styrofoam container, with a Styrofoam bowl inside the container. The temperature was warm. The container contained approximately 1/2 cup rice and three bite-sized pieces of pork, a Styrofoam bowl of broccoli, and a wax paper sack with 11 red grapes. The rice was bland and the pork was dry. The broccoli was well cooked. During an interview with the Administrator, she indicated the portions were as described above. During an interview on 12/10/21 at 9:20 a.m., the Dietary Manager indicated the department had been aware of the complaints regarding food service and had been working to improve services since she began with the facility on 10/18/21. She confirmed the portion of pork served for lunch			

	on 12/9/21 was incorrect and the container was missing the bread listed on the menu. The cook from 12/9/21 had been re-educated on correct scoops to use when serving food. A current facility policy, dated 5/2/18, titled, "Dietary Standard Portions," left on the table on 12/10/21, included, but was not limited to, the following: "Policy...Uniform food portions shall be established for each diet and served to all residents. Procedure...1. Provide proper equipment for portioning out the correct quantity of food for the residents. ...4. The Dining Services Director should monitor the cooks and their use of portion control utensils on the steamtable/servicing area." This State Tag relates to Complaint IN00366027 and IN00366556.			
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff. Based on observation, record	R 0296	**R296 Pharmaceutical Services - Non compliance** **<u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</u>** Due to the nature of this survey,	12/28/2021

review and interview, the facility failed to ensure the insulin pens were primed per manufacturer instruction before injection for 1 of 1 residents observed during observation. (Residents D)

Findings include:

During random observation on 12/9/21 at 12:00 p.m., LPN 1 swabbed Resident D's arm with alcohol and dialed 2 Units of insulin. LPN 1 failed to prime the insulin pen. LPN 1 indicated she did not understand what priming the insulin pen referred to and would ask her Director of Nursing (DON).

During an interview with the DON, she indicated to LPN 1 to prime the insulin pen needle with 2 U of insulin prior to dialing the dose to be administered.

Review of resident's clinical record was completed on 12/9/21 at 3:09 p.m. Diagnoses included, but were not limited to, diabetes mellitus, type 2.

Current physician's orders included, but were not limited to, Novolog FlexPen, inject as per sliding scale with meals related to type 2 diabetes mellitus. The order was dated 8/25/21.

A current facility policy, revised 3/26/21, titled, "Insulin Administration Program Policy," provided by the DON on 12/10/21 at 11:33 a.m.,

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 receive insulin by qualified staff via a prefilled pen have the potential to be affected by this alleged deficient practice.

Staff qualified to administer insulin via a prefilled pen were trained by Director of Nursing and Wellness on 12/22/21 regarding setting insulin dose when using a prefilled pen.

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

Director of Nursing & Wellness / Designee will audit 5 administrations

included, but was not limited to, the following:

"PROCEDURE....5. Instructions for setting insulin dose using prefilled pens:...d. To avoid air and to ensure proper dose, must prime the syringe each time. To prime the syringe: dial 2 units;"

Based on observation, record review and interview, the facility failed to ensure the insulin pens were primed per manufacturer instruction before injection for 1 of 1 residents observed during observation. (Residents D)

Findings include:

During random observation on 12/9/21 at 12:00 p.m., LPN 1 swabbed Resident D's arm with alcohol and dialed 2 Units of insulin. LPN 1 failed to prime the insulin pen. LPN 1 indicated she did not understand what priming the insulin pen referred to and would ask her Director of Nursing (DON).

During an interview with the DON, she indicated to LPN 1 to prime the insulin pen needle with 2 U of insulin prior to dialing the dose to be administered.

Review of resident's clinical record was completed on 12/9/21 at 3:09 p.m. Diagnoses included, but were not limited to, diabetes mellitus, type 2.

of insulin using prefilled pens/week for proper priming for 2 weeks and then 1x/week for 2 months.

Any issues found will be addressed immediately.

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;

The audits will be discussed during monthly QAPI meeting. QAPI committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated.

What date the systemic changes will be completed:

12/28/21

	Current physician's orders included, but were not limited to, Novolog FlexPen, inject as per sliding scale with meals related to type 2 diabetes mellitus. The order was dated 8/25/21. A current facility policy, revised 3/26/21, titled, "Insulin Administration Program Policy," provided by the DON on 12/10/21 at 11:33 a.m., included, but was not limited to, the following: "PROCEDURE....5. Instructions for setting insulin dose using prefilled pens:...d. To avoid air and to ensure proper dose, must prime the syringe each time. To prime the syringe: dial 2 units;"			

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