STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/03/2021

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 Complaint IN00359280. Complaint IN00359280-Substantiated. State Residential Findings related to the allegations are cited at R0154. Survey date: August 2 and 3, 2021 Facility number: 014034 Residential Census: 112 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 5, 2021.	R 0000		
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k) (k) The facility shall keep all kitchens, kitchen areas, common	R 0154	The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as	08/16/2021

dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.

Based on observation and interview the facility failed to keep common dining areas clean and free of rubbish for 60-65 residents a day who eat lunch in the dining room.

Findings include:

During an observation on 8/2/21 at 9:14 a.m., the dining room had crumbs, solid food rubbish and liquid spillage on the floor. There were 4 residents still eating in the dining room. Dietary Staff Member 1 was observed with a broom and dust pan, spot sweeping the floor.

During an observation at 8/2/21 at 10:02 a.m., the dining room lights were off. The floor had food rubbish and liquid spillage.

During an observation on 8/2/21 at 10:02 a.m., the dining room floor had a dried stain where the liquid spillage had been observed and bits of food under tables and chairs. The floor did not appear to have been swept completely or mopped.

During an observation on 8/2/21 at 11:20 a.m. , the dining room floor did not appear to have been cleaned since breakfast. Residents were arriving and

evidence of the facility's desire to comply
with the regulatory requirement and to continue providing quality care and
services to all residents.
Acceptance of this Plan of Correction (POC) provides
the facility's credible evidence of compliance effective August 16, 2021. We
respectfully request desk review and consideration for paper compliance of
substantial compliance based on the POC.

R154 Sanitation and Safety Standards

What corrective action will be accomplished for those residents found to have been affected by the deficient practice;

The facility has taken corrective action by providing
additional education and
in-service with staff members on August 4 and August 6, 2021. The facility also scheduled
further in-service training with third-party private Registered Dietitian
consultant on August 9, 2021. This
training covered a variety of

	sitting at tables for lunch. During an interview on 8/2/21 at 12:54 p.m., Resident B indicated the dining room was often not clean. During an interview on 8/3/21 at 9:02 a.m., Resident E indicated the dining room was not always clean before meals. During an interview on 8/3/21 at 9:53 a.m., Resident F indicated the dining room was not always clean. During an interview on 8/3/21 at 12:59 p.m., Resident G indicated sometimes there were dirty dishes on the tables and the floor was dirty. During an interview on 8/3/21 at 10:32 a.m., the Administrator: indicated it was the expectation of the facility the dining room was to be cleaned after every meal service that included, but not limited to, busing the table, cleaning sanitizing table tops and chairs, rubbish removal, sweeping the floor and cleaning up spills. The Administrator indicated the facility did not have a policy or procedure for cleaning the dining room.		sanitation and safety standards. A third training service with the Registered Dietitian will be held on or before September 15, 2021. **<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>** The facility has determined that all residents residing in the Community had the potential to be affected by this alleged deficient practice. **<u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</u>** Culinary staff members are receiving additional one-on-one training and guidance on sanitation and safety standards with an emphasis on appropriate cleaning and sanitizing the common dining area; and staff members will be held accountable for following such practices. The	

	Based on observation and interview the facility failed to keep common dining areas clean and free of rubbish for 60-65 residents a day who eat lunch in the dining room. Findings include: During an observation on 8/2/21 at 9:14 a.m., the dining room had crumbs, solid food rubbish and liquid spillage on the floor. There were 4 residents still eating in the dining room. Dietary Staff Member 1 was observed with a broom and dust pan, spot sweeping the floor. During an observation at 8/2/21 at 10:02 a.m., the dining room lights were off. The floor had food rubbish and liquid spillage. During an observation on 8/2/21 at 10:02 a.m., the dining room floor had a dried stain where the liquid spillage had been observed and bits of food under tables and chairs. The floor did not appear to have been swept completely or mopped. During an observation on 8/2/21 at 11:20 a.m. , the dining room floor did not appear to have been cleaned since breakfast. Residents were arriving and sitting at tables for lunch.		Culinary Director assumes the primary responsibility for ensuring these practices are followed. The Executive Director assumes the overall and final responsibility for ensuring compliance to these practices. **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 Culinary Manager, Executive Director or designee will monitor daily – Monday through Friday for 4 weeks and weekly thereafter with noted issues being addressed immediately. Results of the monitoring will be reported to the QA Committee for further recommendations. The leadership team members will also be trained in this practice to enable them to be assigned monitoring by Executive Director as needed.	

	During an interview on 8/2/21 at 12:54 p.m., Resident B indicated the dining room was often not clean. During an interview on 8/3/21 at 9:02 a.m., Resident E indicated the dining room was not always clean before meals. During an interview on 8/3/21 at 9:53 a.m., Resident F indicated the dining room was not always clean. During an interview on 8/3/21 at 12:59 p.m., Resident G indicated sometimes there were dirty dishes on the tables and the floor was dirty. During an interview on 8/3/21 at 10:32 a.m., the Administrator: indicated it was the expectation of the facility the dining room was to be cleaned after every meal service that included, but not limited to, busing the table, cleaning sanitizing table tops and chairs, rubbish removal, sweeping the floor and cleaning up spills. The Administrator indicated the facility did not have a policy or procedure for cleaning the dining room.		**What date the systemic changes will be completed:** August 16, 2021, based upon education being completed and ability to sustain compliance.	

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