| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 07/29/2021 |

| 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<br><br>This visit was for the Investigation of Complaints IN00358857, IN00358780 and IN00359127.<br><br>Complaint IN00IN00358857 - Substantiated. No deficiencies related to the allegations were cited.<br><br>Complaint IN00IN00358780- Unsubstantiated due to lack of evidence.<br><br>Complaint IN00IN00359127. - Unsubstantiated due to lack of evidence.<br><br>Unrelated deficiencies are cited.<br><br>Survey date: July 28 and 29, 2021<br><br>Facility number: 014034<br><br>Residential Census: 112<br><br>This State Residential Finding is cited in accordance with 410 IAC 16.2-5. | R 0000 | | |

| | | | | |
|---|---|---|---|---|
| | Quality review completed on July 30, 2021. | | | |
| R 0027 | Residents' Rights - Deficiency<br><br>410 IAC 16.2-5-1.2(b)<br><br>(b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States.<br><br>Based on interview and record review the facility failed to protect the resident's right to have visitors for 1 of 3 residents reviewed for resident rights. (Resident B)<br><br>Findings include:<br><br>The clinical record for Resident B was reviewed on 7/28/21 at 11:09 a.m. Diagnoses included, but were not limited to, hypertension, diabetes and overactive bladder.<br><br>During an interview on 7/28/21 at 2:44 p.m., Resident B indicated QMA (Qualified Medication Aide) 1 told her the Administrator had banned her son from facility property. She indicated she was told that her family member had "gotten smart" with one of the staff | R 0027 | The filing of this plan of correction<br>does not constitute an admission the alleged deficiencies did in fact exist.<br>This plan of correction is filed as evidence of the facility's desire to comply<br>with the regulatory requirement and to continue providing quality care and<br>services to all residents.<br>Acceptance of this Plan of Correction (POC) provides<br>the facility's credible evidence of compliance effective August 11, 2021. We<br>respectfully request desk review and consideration for paper compliance of<br>substantial compliance based on the POC.<br><br>**R027 Resident Rights**<br><br>**What corrective action will be accomplished for those residents found to have been affected by the deficient practice;**<br><br>The facility has taken corrective action by providing<br>additional education and | 08/24/2021 |

members and the management had banned him from the property a few months ago. The Resident became emotionally upset and cried. She stated, "I want to see him. He's all I have."

During an interview on 7/28/21 at 3:35 p.m., Resident B informed the Administrator that QMA 1 had told her that the Administrator had banned her family member from the facility property. The Resident became upset again during the interview and cried.

During an interview on 7/28/21 at 5:04 p.m., the Administrator and the Director of Nursing denied ever telling the staff Resident B's family member was banned from the facility property.

During an interview on 7/28/21 at 5:38 p.m., QMA 1 indicated that over a month ago she was told in report that Resident B's family member was not allowed on the facility property. QMA 1 indicated the Resident's son had come to visit and Resident B wanted him to be allowed into the facility. QMA 1 indicated she told Resident B nothing had changed and he was not allowed on the facility property. She stated the resident became upset. QMA 1 told her she could visit with her family member on the sidewalk because that was

in-service with staff members. The facility has also scheduled further
in-service training to be provided again during the Community staff meeting to be held the last week of August 27, 2021.

**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;**

To the community's knowledge, only one resident was affected by this practice.

On July 29, 2021, QMA 1 received verbal counseling, via immediate
supervisor, the Director of Nursing, regarding resident rights and the impact
of her action upon Resident 1. Additionally, Director of Nursing re-educated staff members on resident
rights and visitation policies during the monthly staff meeting on July 30,
2021. During the same meeting, Business
Office Manager also provided in-service on customer service

| | | | | |
|---|---|---|---|---|
| | not facility property.<br><br>Review of the current Lease and Resident Agreement, dated 11/12/2020, indicated the following:<br><br>"F. VISITORS AND GUEST<br><br>You have the right to have family members and guest visit you Unit at any tie, subject to the requirement or this Lease. ..."<br><br>This document was provided by the Administrator on 7/28/21 at 5:51 p.m.<br><br>Review of a current undated Resident Information Book, provided by the Administrator on 7/28/21 at 5:51 p.m., indicated the following:<br><br>"...Visitors and Guests<br><br>You have the right to have family members and guest visit your apartment at any time. ..."<br><br>Based on interview and record review the facility failed to protect the resident's right to have visitors for 1 of 3 residents reviewed for resident rights. (Resident B)<br><br>Findings include:<br><br>The clinical record for Resident B was reviewed on 7/28/21 at 11:09 a.m. Diagnoses included, but were not limited to, | | and how this plays<br>a role in resident rights, as well as visitation policies.<br><br>**<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>**<br><br>The Community team will continue to receive ongoing training<br>on resident rights via the Relias system, as well as face-to-face in-servicing,<br>which is customary practice for the company.<br>The front desk will maintain a list of unauthorized visitors, when<br>applicable, so this list may be referenced in the absence of management team. | |

| | | | | |
|---|---|---|---|---|
| | hypertension, diabetes and overactive bladder.<br><br>During an interview on 7/28/21 at 2:44 p.m., Resident B indicated QMA (Qualified Medication Aide) 1 told her the Administrator had banned her son from facility property. She indicated she was told that her family member had "gotten smart" with one of the staff members and the management had banned him from the property a few months ago. The Resident became emotionally upset and cried. She stated, "I want to see him. He's all I have."<br><br>During an interview on 7/28/21 at 3:35 p.m., Resident B informed the Administrator that QMA 1 had told her that the Administrator had banned her family member from the facility property. The Resident became upset again during the interview and cried.<br><br>During an interview on 7/28/21 at 5:04 p.m., the Administrator and the Director of Nursing denied ever telling the staff Resident B's family member was banned from the facility property.<br><br>During an interview on 7/28/21 at 5:38 p.m., QMA 1 indicated that over a month ago she was told in report that Resident B's family member was not allowed | | Community staff members will be held accountable for following policy and regulation as related to resident rights and visitation. Each department leader assumes responsibility for ensuring these practices are followed.<br>The Executive Director assumes the overall and final responsibility for ensuring compliance to these practices.<br><br>**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;**<br><br>It is believed that this was an isolated occurrence in which the involved staff member assumed the resident's family member had been "barred" related to a previous incident in which the family member was asked to leave the premises for that particular day in question. Therefore, it is not believed that ongoing monitoring is necessary, as staff members have been made fully aware of visitation policy and regulation. The unauthorized visitor list, if applicable, that will be kept at | |

on the facility property. QMA 1 indicated the Resident's son had come to visit and Resident B wanted him to be allowed into the facility. QMA 1 indicated she told Resident B nothing had changed and he was not allowed on the facility property. She stated the resident became upset. QMA 1 told her she could visit with her family member on the sidewalk because that was not facility property.

Review of the current Lease and Resident Agreement, dated 11/12/2020, indicated the following:

"F. VISITORS AND GUEST

You have the right to have family members and guest visit you Unit at any tie, subject to the requirement or this Lease. ..."

This document was provided by the Administrator on 7/28/21 at 5:51 p.m.

Review of a current undated Resident Information Book, provided by the Administrator on 7/28/21 at 5:51 p.m., indicated the following:

"...Visitors and Guests

You have the right to have family members and guest visit your apartment at any time. ..."

the front desk
will serve as a safeguard and tool to ensure that only those who are on this
list, if applicable, are not allowed entry into the community.

**How will the facility monitor to**
**ensure residents are welcome to have visitors? How long will this**
**monitoring take place? Who will be responsible for this monitoring?**

The facility will randomly select three residents per week
and will perform quality assurance (QA) regarding visitation rights with these residents. The facility will also specifically discuss
visitation with the resident who was involved in this particular finding. QA will continue for four weeks, unless findings dictate otherwise. The Life Enrichment Coordinator will be responsible for performing the QA, with the oversight and assistance of the Administrator, who is ultimately responsible for ensuring compliance.

**What date the systemic changes will be completed:**
The systemic changes have already been completed at the time of submission of this plan

| | | | | |
|---|---|---|---|---|
| | | | of correction. | |

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 |
|---|---|---|
| | | |