

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/20/2026	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 475 S GOVERNOR STREET, EVANSVILLE, , 47713					
(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 470894. Intake 470894: State deficiencies related to the allegation(s) are cited at R0090. Survey dates: July 17 & 20, 2026 Facility number: 014238 Census Bed Type: Residential: 109 Total: 109 Census Payor Type: Medicaid: 106 Other: 3 Total: 109 This state residential finding is cited in accordance with 410 IAC 16.2-5.	R 0000	Submission of this plan of correction does not constitute admission or agreement by the provider to the truth of facts alleged or corrections set forth on the statements of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation services to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance and desk review.				

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	Quality review completed on July 24,2026.			
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 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	R 0090	ED or Designee will re-educate Facility leadership on mandatory abuse reporting requirements, including that all allegations of abuse, neglect, exploitation, or possible sexual abuse must be reported in accordance with Indiana regulations and facility policy. Education is to be completed by 8/21/26. ED or Designee to review and reinforce its Abuse Prevention and Mandatory Reporting Policy with all front-line employees. Education will be provided to employees emphasizing immediate reporting, mandatory reporter responsibilities, required reporting timeframes/agencies, and documentation requirements. Education to be completed by 8/28/26 The ED or Designee will review 100% of all allegations for 90 days. Audits will be conducted weekly for four weeks and monthly for the following two months. Results will be reviewed through QAPI, with immediate corrective action and re-education as needed.	08/28/2026

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OMB NO. 0938-0391

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 ensure an allegation of sexual abuse was reported to the state agency for one 1 of 1 allegations of abuse reviewed. Following a transfer from the facility to a local hospital due to

vaginal bleeding, resident hospital notes included a concern for sexual assault. After being made aware of the concern, the facility failed to report the allegation to the state agency. (Resident D)

Finding includes:

Record review on 7/20/26 at 9:35 A.M. Resident D's diagnoses included but was not limited to dementia and depression.

Progress notes included but were not limited to:

7/10/26 at 12:56 P.M. - Resident received new order for urinary tract infection (UTI) until 7/17/26.

7/13/26 at 2:35 A.M. - Nurse notified resident had blood coming from vaginal area. Resident currently on antibiotic for UTI and could have caused damage to vaginal area from scratching or rawness. Suggested resident be sent out to emergency department for evaluation if resident is agreeable.

Resident D's hospital, infectious disease consultation, dated 7/15/26 at 6:06 A.M., included the resident had extensive candidiasis in her breast folds and groin area. There was also a concern for potential sexual

assault according to the Emergency Medical Services (EMS) report.

An interview on 7/20/26 at 9:55 A.M., Resident D' family member had told hospital staff that she "was hurting down there." The family member indicated the resident did have a male friend at the facility but he did not have a concern with their relationship and did not feel the male resident could have overpowered the resident.

An interview on 7/20/26 at 11:40 A.M., the Director of Nursing (DON) indicated the facility had access to Resident D's hospital records and been in contact with Resident D's family member. Aware that the a concern came up in the hospital after the resident had transferred out of facility and felt that if the hospital had a concern with abuse, the hospital would report it.

On 7/20/26 at 12:00 P.M., the Facility Administrator supplied a facility policy titled Abuse Neglect or Exploitation, dated 04/2026. The policy included, "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 [investigation to]

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proper authorities... Incident Reporting and Review: [Facility] has a policy of meeting the standards... which requires the following reporting of unusual occurrences... (b) Reportable unusual occurrences include, but are not limited to, the following, as applicable: (1) Alleged, suspected, or actual abuse..." This citation relates to intake 470894.			
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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 SIGNATUREDee Jolly	TITLEAdministrator	(X6) DATE08/07/2026
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