STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF EVANSVILLE	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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00463699 and IN00464170. Complaint IN00463699- No deficiencies related to the allegations are cited. Complaint IN00464170 - No deficiencies related to the allegations are cited. Survey dates: August 26 and 27, 2025 Facility number: 014238 Residential Census: 90 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 2, 2025.	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.	
R 0306	Pharmaceutical Services -	R 0306	DONW or designee will educate all	09/15/2025

	Noncompliance 410 IAC 16.2-5-6(g)(1-9) (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. Based on observation, interview, and record review, the facility failed to ensure a narcotic medication was disposed of according to facility policy during 1 of 1 random medication administration observation. A narcotic medication was disposed of in a sharps container without a		nurses and QMA's on Medications Disposal Policy and the documentation of the destruction of medications. Staff training will be completed by 9/15/25. DONW or designee will perform audits monitoring the destruction of medications weekly times four weeks, then every other week times four weeks, then monthly times six months to ensure compliance.	

witness. (Resident 9)

Finding includes:

On 8/27/25 at 8:57 A.M., Qualified Medication Aide (QMA) 7 was observed preparing medication to administer to Resident 9. An oxycodone tablet fell on the floor. QMA 7 identified the tablet as oxycodone and threw it in the sharps container attached to the side of the medication cart. QMA 7 did not have a witness to verify the disposal. At that time, QMA 7 indicated there was a Drug Buster Disposal System in the nursing office.

On 8/27/25 at 10:50 A.M., the Director of Nursing (DON) indicated staff should not dispose of narcotic medication in the sharps container and it should be disposed of in the Drug Buster Disposal System bottle. The disposal needed a witness and both staff members should sign the disposal log sheet in the waste log binder. At that time, the waste log binder was reviewed. A disposal log sheet for Resident 9 was not in the binder.

On 8/27/25 at 9:41 A.M., the Administrator provided a current Medication Disposal Policy, effective 4/11/18, that indicated "Disposal of controlled medications is accomplished by pouring into a dissolving

medications solution...and witnessed by the Executive Director/Director of Health and Wellness and another facility employee approved by the Executive Director to perform this function. For all types of medications, a Drug Disposal Record must be completed which includes the following information ... signature of the two witnesses disposing of the medication. Controlled medications require additional documentation when disposal takes place. A Narcotic Count Sheet (in addition to the Drug Disposal record) is also signed by the two witnesses, verifying the number of medications being disposed, date and why medication is discontinued".

Based on observation, interview, and record review, the facility failed to ensure a narcotic medication was disposed of according to facility policy during 1 of 1 random medication administration observation. A narcotic medication was disposed of in a sharps container without a witness. (Resident 9)

Finding includes:

On 8/27/25 at 8:57 A.M., Qualified Medication Aide (QMA) 7 was observed preparing medication to administer to Resident 9. An oxycodone tablet fell on the

floor. QMA 7 identified the tablet as oxycodone and threw it in the sharps container attached to the side of the medication cart. QMA 7 did not have a witness to verify the disposal. At that time, QMA 7 indicated there was a Drug Buster Disposal System in the nursing office.

On 8/27/25 at 10:50 A.M., the Director of Nursing (DON) indicated staff should not dispose of narcotic medication in the sharps container and it should be disposed of in the Drug Buster Disposal System bottle. The disposal needed a witness and both staff members should sign the disposal log sheet in the waste log binder. At that time, the waste log binder was reviewed. A disposal log sheet for Resident 9 was not in the binder.

On 8/27/25 at 9:41 A.M., the Administrator provided a current Medication Disposal Policy, effective 4/11/18, that indicated "Disposal of controlled medications is accomplished by pouring into a dissolving medications solution...and witnessed by the Executive Director/Director of Health and Wellness and another facility employee approved by the Executive Director to perform this function. For all types of medications, a Drug Disposal Record must be completed which includes the following

	information ... signature of the two witnesses disposing of the medication. Controlled medications require additional documentation when disposal takes place. A Narcotic Count Sheet (in addition to the Drug Disposal record) is also signed by the two witnesses, verifying the number of medications being disposed, date and why medication is discontinued".			

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