STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF MISHAWAKA	3630 HICKORY ROAD, MISHAWAKA, , 46545

(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 Intakes 466196 and 467085. Intake 466196- State deficiencies related to the allegations are cited at R0247. Intake 467085- No deficiencies related to the allegations are cited. Survey dates: January 5 - 6, 2026 Facility number: 014260 Census Bed Type: Residential: 103 Total: 103 Census Payor Type: Medicaid: 82 Other: 21 Total: 103	R 0000		

	This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on 1/7/2026			
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on interview and record review, the facility failed to notify the physician of medication errors for 1 of 3 residents review for medications. (Resident B) Finding includes: During an interview on 1/5/2026 at 11:26 A.M., Resident B's daughter indicated her mom had missed medication doses due to the medication having been refilled late or the refill request not having been sent on time to the pharmacy.	R 0247		01/15/2026

During a record review on 1/5/2026 at 12:23 P.M., the following medication, propandolol 10 milligrams (mg) by mouth two times per day for hypertension had been ordered by the physician on 10/8/2025.

The medication administration record (MAR) indicated the medication had not been given from 11/14/2025 through 11/17/2025. Nursing Progress Notes indicated the pharmacy had not sent the medication despite daily communication from the facility requesting the medication. The pharmacy had indicated they did not have a current order for the medication. Resident B's physician was not notified of the missed doses.

During an interview on 1/6/2026 at 12:54 P.M., the DON indicated the resident should have received the medications and the physician should have been notified of the missed doses.

On 1/6/2026 at 1:13 P.M. the DON provided a current policy, dated January 2024 and titled, "Core Process: Medication Administration.." The policy indicated, "...All applicable team members are required to follow MAR for medication administration...."

This citation relates to Intake 466196.

Based on interview and record review, the facility failed to notify the physician of medication errors for 1 of 3 residents review for medications. (Resident B)

Finding includes:

During an interview on 1/5/2026 at 11:26 A.M., Resident B's daughter indicated her mom had missed medication doses due to the medication having been refilled late or the refill request not having been sent on time to the pharmacy.

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	and the physician should have been notified of the missed doses. On 1/6/2026 at 1:13 P.M. the DON provided a current policy, dated January 2024 and titled, "Core Process: Medication Administration.." The policy indicated, "...All applicable team members are required to follow MAR for medication administration...." This citation relates to Intake 466196.			

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