STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/30/2026

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 Intake 470468. Intake 469538- State deficiencies related to the allegations are cited at R0052. Survey dates: June 30, 2026 Facility number: 014260 Residential Census: 105 These deficiencies reflect State Findings cited in accordance with 410 Indiana Acministrative Code (IAC) 16.2-3.1. Quality Review completed on 7/6/2026	R 0000	Preparation and implementation of this Plan of Correction does not constitute an admission or agreement by the facility of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and implemented solely because it is required by state and federal law. The facility respectfully alleges compliance with the applicable regulations and submits this Plan of Correction as its credible allegation of compliance. The facility's corrective actions are intended to achieve and sustain substantial compliance.	
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse;	R 0052	1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Educate staff including executive Director on protocols involving sexual misconduct	07/24/2026

	(2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility failed to notify the local law enforcement agency of allegations of sexual abuse made by 1 of 105 residents. (Resident B) Finding includes: On 6/23/2026 Resident B reported an allegation of sexual abuse to the Regional Director of Operations (RDO). Resident B alleged Resident C inappropriately groped her breast and put his hand down her pants. During an interview, on 6/30/2026 at 11:45 A.M., the RDO indicated Resident B had reported the sexual abuse on 6/23/2026. The RDO indicated she had asked Resident B if the police had been called and Resident B indicated she was going to report it (to the police). The RDO further indicated she, herself, had not notified the police nor had any other staff member.		including notifying police department. 2.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; 107 out of 107 residents had the potential to be affected by this deficient practice. No residents were affected adversely. 3.· What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur All staff will be reeducated on reporting protocols concerning abuse, neglect, exploitation policy and procedures. Executive Director was educated by Regional Clinical Director of Wellness on reporting protocols including notification of police. 4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; An incident log will be kept and reviewed by RDO or designee weekly to ensure all allegations are reported to authorities as policy indicates. This review will take place weekly for 3 months,	

	During an interview, on 6/30/2026 at 2:46 P.M., Resident B indicated she had just returned from filing a report with the local police. She indicated she had not notified the police until 6/30/2026 regarding the alleged sexual abuse that she had reported to the RCO on 6/23/2026. She indicated she did not know if the facility had notified police but she did not think they had. During an interview on 6/30/2026 at 3:32 P.M. the RDO indicated she had not reported the sexual abuse to the police and should have. On 6/30/2026 at 3:30 P.M. a current policy, dated 2/1/2020 and titled, "Abuse Neglect, Exploitation, and Misappropriation Policy and Procedure," was provided by the RDO. The policy indicated, "...Silver Birch has a policy of meeting the standards of state regulatory requirement for reporting incidents and unusual occurrences...."		bi-weekly for 2 months and then monthly for 2 months. The incident log will be reviewed at QAPI meetings and after the designated time frame for audits the QAPI committee will make recommendations as to whether it continue on a scheduled basis or randomly thereafter. 5.By what date the systemic changes will be completed. July 24, 2026	

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 SIGNATURELisa Harrison	TITLERDO/Interim ED	(X6) DATE07/20/2026