STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/20/2026

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 469538. Intake 469538- State deficiencies related to the allegations are cited at R0297 Survey dates: March 20, 2026 Facility number: 014260 Residential Census: 108 These deficiencies reflect State Findings cited in accordance with 410 Indiana Administrative Code (IAC) 16.2-3.1. Quality Review completed on 5/26/2026	R 0000	*Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Megan Morris, Executive Director, Silver Birch of Mishawaka*	
R 0297	Pharmaceutical Services -	R 0297	1. What corrective action(s) will be	06/04/2026

	Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on record review and interview the facility failed to provide a medication to a resident for 26 days for 1 of 3 residents reviewed for medication administration. In addition, the facility failed to ensure administration documentation was accurate for the medication for 1 of 3 residents reviewed for medicaiton administration. (Resident B) Finding includes: 1. A record review for Resident B was completed on 5/20/2026 at 11:05 P.M. Diagnoses included, but were not limited to, unspecified convulsions and unspecified epilepsy. Physician Orders included but were not limited to: lacosamide, dated 5/9/2024, 100 milligrams (mg) by mouth twice daily.		accomplished for those residents found to have been affected by the deficient practice: Resident B's medication regimen was reviewed. A new physician order for lacosamide was obtained from the resident neurologist, and the medication was restarted on 5/7/2026. The resident was assessed for adverse effects related to missed doses, physician notification was completed, and the resident responsible party was informed. Documentation discrepancies on the MAR were reviewed and addressed with staff involved. 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: A 100% audit of all residents receiving facility-managed anticonvulsant medications was completed to identify any unavailable medications, delayed refills, missing physician orders, or documentation discrepancies. Any concerns identified were immediately addressed with the prescribing provider and pharmacy. Audit completed by 6/4/2026 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 QMA and nursing staff were re-educated by Director of Nursing or designee on:	

	The April 2026 Medication Administration Record (MAR) indicated Resident B had not received the lacosamide 100 mg twice daily from 4/12/2026 through 4/30/2026. The May 2026 MAR indicated Resident B had not received the lacosamide 100 mg twice daily from 5/1/2026 through 5/6/2026. Resident B had missed a total of 49 doses of medication. Documentation on Resident B's April and May MARs and notation in the Nursing Progress Notes indicated "waiting for pharmacy" as the reason the medicaiton had not been administered. During an interview on 5/20/2026 at 1:02 P.M., Resident B indicated that he had not been receiving the lacosamide medication and he had asked about it but was had not been given any clear reason why the medicaiton was not being administered. During an interview on 5/20/2026 at 1:09 P.M., QMA 2 indicated sometime in April, she had noted Resident B was out of the lacosamide medication and she had called the pharmacy to request a refill. The pharmacy had indicated the physician had not been returning calls and the pharmacy needed a new script for the medication. QMA 2		• Reviewing physician order on medication administration documentation, emphasizing that medications may only be documented as administered when received by the resident. • Re-education of all licensed nurses and QMAs regarding procedures for unavailable medications, refill requests, provider follow-up, and chain of command notification requirements. 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: • Medication Unavailable Log weekly on going. • Twenty-five resident MARs weekly for 4 weeks, then monthly for 2 months to verify accurate documentation and timely medication availability. • Refill tracking reports weekly for 12 weeks. Results of audits will be reviewed through the facility's QAPI process. Additional education and corrective action will be implemented as needed based on audit findings. 5. By what date the systemic changes will be completed: All corrective actions will be completed by 6/4/2026.	

indicated she later found out the physician had retired but the facility had not been aware of the physician's retirement. She indicated she had notified the resident's sister-in-law (SIL) that he needed a new physician and was the resident's SIL had informed QMA 2 she "would take care of it."

During an interview on 5/20/2026 at 1:34 P.M., the DON indicated Resident B's SIL had taken the resident to a neurologist and an order was received on 5/6/2026 for the lacosemide and it had been restarted on 5/7/2026. She further indicated there should not have been a delay in obtaining the medication for Resident B.

On 5/20/2026 at 10:56 A.M. a copy of the pharmacy agreement was provided by the DON. The agreement indicated, " ...Provide Products in a prompt and timely manner ...."

2. Documentation on the Medication Administration Record for April 2026 and May 2026 indicated lacosamide was unavailable from 4/12 through 5/6/2026. However, during the same timeframe, there were 16 doses of lacosamide documented as had been administered to Resident B by Employees 3 and 4.

	During an interview on 5/20/2026 at 1:34 P.M., the DON indicated Resident B's lacosamide was not available during the dates of 4/12 through 5/6/2026 and she was aware staff had documented the medication as given. She indicated she had spoken to the staff about accurate documentation. She indicated all unavailable medications should not have been documented as administered. On 5/20/2026 at 2:34 P.M. the DON provided a current policy dated 01/2024, and titled, "Core Process: Medication Administration." The policy indicated, " ...Right Documentation - all documentation is to be completed at the time of administration following the resident fully receiving all medications ...." This citation relates to Intake 469538.			

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) DATE06/18/2026