STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/17/2026

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 470182 and 470070. Intake 470182 - State deficiencies related to the allegations are cited at R0326 and R0327. Intake 470070 - No deficiencies related to the allegations are cited. Survey date: June 15 & 16, 2026 Facility number: 014260 Residential Census: 106 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality Review completed on 6/19/2026	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 0326	Activities Programs - Deficiency 410 IAC 16.2-5-7.1(a) (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served. Based on interview and record review, the facility failed to ensure residents were provided with ongoing activities while the facility Activity Director was on a personal leave. This deficient practice had the potential to affect 107 of 107 residents who could choose to attend activity programs. Finding includes: During an interview, on 6/15/26 at 12:47 P.M. with Resident F, she indicated the facility had not provided activities for the past three weeks. During an interview on 6/15/26 at 1:00 P.M. with the Administrator, he indicated the facility had not provided organized activities for about three weeks since the Activity Director was on a personal leave of absence. During an interview on 6/15/26 at 1:05 P.M. with Resident D, he/she indicated there had been no activities provided by the activity department since the Activity Director left for her leave	R 0326	**R326-Activities Program** **I. Corrective Action** The facility immediately reinstated a structured Life Enrichment program. A qualified designee was assigned to oversee activity services(date) until the Life Enrichment Coordinator returned or another qualified individual was designated. A monthly activity calendar was developed, posted, and implemented. On 6/22/2026 Group, individual, and resident-directed activities resumed immediately, and documentation was completed in accordance with facility policy. **II. How Other residents Having the Potential to be affected were Identified and what corrective action was taken** A 100% audit of activity calendars, attendance records, and resident activity opportunities was completed by the Executive Director (ED) or designee and the Life Enrichment Coordinator/designee. On 6/22/26 any identified concerns were corrected immediately. **III. Measures put into place or Systemic changes made to ensure the deficient Practice will not recur** The Executive Director, Life	07/15/2026

	or vacation. During an interview on 6/15/26 at 1:21 P.M., Resident C indicated the facility had not provided activities since the Activity Director had been gone. Resident C indicated someone from a hospice company provided Bingo once but that was all they had had. During an interview, on 6/15/26 at 1:36 P.M., Resident G indicated the Activity Director was out on leave and they were beginning their third week with no activities. Resident G indicated other residents had been asking her about activities because she would sometimes help the Activity Director. Resident G indicated the Administrator had indicated that said she did not care about activities. Resident G indicated they normally had a monthly birthday party and now residents had to have their own birthday parties. Resident G indicated she had personally bought treats for the party and had spent $55.00 of her own money so the residents could have a party. During an interview with Resident H on 6/15/26 at 2:01 P.M., she indicated that she was in a meeting with the Administrator the previous week and had asked the Administrator		Enrichment Coordinator, and designated leadership staff were re-educated on the Inspiring Purposeful Lives Program, Resident Rights, Silver Standards, documentation expectations, contingency planning during staff vacancies, and leadership responsibility to ensure uninterrupted activity programming. Education was completed by the Regional Director with documented competency validation on 07/07/2026. **IV. How the facility will monitor its Performance to ensure ongoing compliance** The Executive Director or designee will audit activity calendars, implementation of scheduled activities, and attendance documentation five (5) times per week for four (4) weeks, then weekly for eight (8) weeks. Audit findings will be reviewed through the facility Quality Assurance process. Any deficient findings will result in immediate corrective action, re-education, and follow-up audits. Monitoring will continue until sustained compliance is achieved. **V. Date of Completion** July 15, 2026	

	about activities. Resident H indicated that the Administrator indicated actives were not a priority and that activities had been placed on the "back burner" because she had other things she needed to take care of. Resident H indicated the Administrator told her all they needed were tables for Bingo, but the Administrator had never set anything up and had not cleared it with dining to use the dinign tables for a Bingo activity. During an interview on 6/15/26 at 3:25 P.M., Resident M indicated there had not been activities for about three weeks and she liked to go to the facility activities. During an interview, on 6/16/26 at 8:55 A.M with Resident N, she indicated they had not had activities for about three weeks and she was very disappointed because at her age, she needed about two hours of activities every day to keep her busy, sharp, and out of the room. Resident N indicated the Administrator had told the residents that transporting residents to appointments was more important than taking them to the grocery store. Resident N indicated the residents had not been to the grocery in several weeks. During an interview, on 6/16/26			

	at 11:30 A.M.the Corporate Human Relations Director, she indicated the Activity Director had been on leave from the facility since 5/22/26. During an interview on 6/16/26 at 11:53 A.M., Resident Q indicated the facility had not provided activities in three weeks. During an interview on 6/16/26 at 12:30 P.M., the Regional Director of Clinical Services indicated the facility had not provided structured activities since the Activity Director has left on leave, but some activities had occurred, such as Bingo. The Regional Director of Clinical Services indicated residents should have been provided the opportunity to attend daily activities. On 6/16/26 at 3:09 P.M., the Regional Director of Clinical Services provided a copy of the policy titled, "Statement of Resident's Rights, " dated 11/8/24, and indicated it was the current facility policy. The policy indicated, "...Each resident shall have the right to...All housing and services for which he or she has contracted and paid..." On 6/16/26 at 3:09 P.M., the Regional Director of Clinical Services provided a copy of the policy titled, "Inspiring Purposeful Lives Program,"			

	dated 4/22/20, and indicated to be the current policy. The policy indicated, "...Purpose: To provide a wide range of opportunities for residents to stay active and engaged in life..." The Regional Director of Clinical Services provided a copy of the facility's undated document titled "Silver Standards," and indicated it was the standards Administrators were provided with in training and was the expected policy to follow. The document indicated, "...Monthly Engagement Calendar...Planning: Monthly Wellness Themes, Holidays...Monthly calendar posted a minimum of 10 days before the start of each month [.] Engagement of offerings per day: Weekdays: 5-7 (activities per day), Weekends: 4-5 (activities per weekend) , Balanced with all Dimensions of Wellness 33-45 offerings/week or 132-180 offerings/month..." This citation relates to Intake 470182 410 IAC (Indiana Administrative Code) 16.2-5-7.1(a)			
R 0327	Activities Programs - Nonconformance 410 IAC 16.2-5-7.1(b)	R 0327	R327-Transportation **I. Corrective Action** The facility immediately	06/23/2026

	(b) The facility shall provide and/or coordinate scheduled transportation to community-based activities. Based on interview and record review, the facility failed to ensure their policy was followed for the posting of and arranging for regularly scheduled transportation that would take residents for outside activities including banks, grocery stores, and shopping centers. This deficient practice had the potential to affect 106 of 106 residents who could choose to utilize facility transportation for outside activities. Findings include: During an interview, on 6/15/26 at 12:47 P.M., Resident F indicated the facility had not provided activities in the past three weeks and no one had been able to go to the grocery store for the past three weeks. During an interview, on 6/15/26 at 1:00 P.M., the Administrator indicated the facility had not provided transportation for residents to go the store for a few weeks.		resumed scheduled transportation for grocery shopping, banking, shopping centers, medical-related community outings, and other resident-requested destinations. A transportation schedule was developed, posted, communicated to residents, and implemented. Qualified staff were assigned to ensure continuity of transportation services. **II. How Other residents Having the Potential to be affected were Identified and what corrective action was taken** A 100% audit of transportation schedules, transportation requests, posted schedules, and completed transportation documentation was completed by the Executive Director or designee. **III. Measures put into place or Systemic changes made to ensure the deficient Practice will not recur** The Executive Director, Life Enrichment Coordinator, transportation staff, and designated leadership staff were re-educated on the Transportation Policy, Resident Rights, scheduling requirements, documentation standards, contingency planning during staffing vacancies, and administrative oversight	

During an interview, on 6/15/26 at 1:05 P.M., Resident D indicated she would like to go to the store but the facility had not provided transportation to the store in several weeks.

During an interview, on 6/15/26 at 1:36 P.M., Resident G indicated the Administrator had told residents she would take them to local store, but had not done so.

During an interview, on 6/16/26 at 8:55 A.M. Resident N indicated the Administrator had told the residents that taking the residents to appointments on the facility bus was more important than taking them to the grocery store. Resident N indicated she had not been to the grocery in several weeks and she felt she needed groceries. Resident N indicated she did not like the food at the facility and she prepared most of her own meals. Resident N indicated since she has not been provided transportation to the store and felt she had lost weight due to the lack of groceries.

During an interview, on 6/16/26 at 11:30 A.M., the Corporate Human Relations Director indicated the Activity Director had lbenn on leave from the facility since 5/22/26 and the Transportation Driver had left employement about three

responsibilities. Education was completed by the Regional Director with documented competency validation on 7/7/2026.

IV. How the facility will monitor its Performance to ensure ongoing compliance
The Executive Director or designee will audit posted transportation schedules, transportation requests, transportation logs, and documentation of community outings weekly for twelve (12) weeks. Results will be reviewed through the facility QA process. Any identified concerns will be corrected immediately through re-education, follow-up, and continued monitoring until sustained compliance is achieved.

V. Date of Completion
July 15, 2026

weeks ago.

During an interview on 6/16/26 at 11:53 A.M., Resident Q indicated the Administrator had told residents she would take them to the store but she had not done so. She indicated the residents had not been to the grocery in over a month.

During an interview on 6/16/26 at 12:30 P.M., the Regional Director of Clinical Services indicated the facility had not transported residents to the store for awhile and that residents should have had the opportunity to be driven to the stores.

On 6/16/26 at 3:09 P.M., the Regional Director of Clinical Services provided a copy of the policy titled , "Statement of Resident's Rights," dated 11/8/24, and indicated it was the current facility policy. The policy indicated, "...Each resident shall have the right to...All housing and services for which her or she has contracted and paid..."

On 6/16/26 at 3:09 P.M., the Regional Director of Clinical Services provided a copy of the policy titled "Inspiring Purposeful Lives Program," dated 4/22/20, and indicated to be the current policy. The policy indicated, "...Purpose: To provide a wide range of opportunities for residents to

stay active and engaged in life..."

The Regional Director of Clinical Services provided a copy of the facility's undated document titled "Silver Standards," and indicated it was the corporate expectation and policy thatt Administrators were trained on and were expected to follow. The document included the following: "...Monthly Engagement Calendar...Planning: Monthly Wellness Themes, Holidays...Monthly calendar posted a minimum of 10 days before the start of each month [.] Engagement of offerings per day: Weekdays: 5-7, Weekends: 4-5, Balanced with all Dimensions of Wellness 33-45 offerings/week or 132-180 offerings/month..."

A policy titled Transportation, dated 5/18/20, was provided by the Regional Director of Operations on 6/16/26 at 2:00 P.M.. The Regional Director of Operations indicated it was the current facility policy. The policy indicated, "...To provide residents access to services and shopping available in the greater community...Regularly Scheduled Transportation is available...The bus schedule will be posted on the activity bulletin board...Regularly Scheduled Transportation will go to: the

	banks. a grocery store. shopping centers or mall..." This citation relates to Intake 470182 410 IAC (Indiana Administrative Code) 16.2-5-7.1(b)			

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) DATE07/02/2026