STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/11/2025

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 IN00463899. Intake IN00463899 - State deficiencies related to the allegations are cited at R0243. Survey date: October 10 and 11, 2025 Facility number: 014260 Residential Census: 104 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality Review completed on 10/14/2025	R 0000	N/A	
R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records	R 0243	Silver Birch Of Mishawaka 3630 Hickory Rd. Mishawaka IN 46545	11/22/2025

	that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review the facility failed to ensure professional standards of practice were followed for medication administration and documentation for 1 of 5 reviewed (Resident B). Findings include: A record review for Resident B's began on 10/9/25 at 10:45 AM Diagnoses included hypothyroidism, depression, chronic obstructive pulmonary disease, and chronic pain. A review of Resident B's current quarterly Level of Service Assessment, dated 5/5/25 at 2:05 PM, indicated Resident B was not able to self-administer medications. A review of physician's orders, dated 4/11/25 at 1:00 PM, indicated Resident B was to receive Midodrine 5 mg, two times a day. There were parameters ordered as follows for the Midodrine: "Do not give,		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 requirement s under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility’s allegation of co mpliance. 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 Alicia Sieplinga , Executive Director, Silver Birch of Mishawaka Prefix Tag # R 243	

	or hold, midodrine if systolic blood pressure was greater than 110 mmHg." A review of the Medication Administration Record, (MAR) dated August 1-31, 2025, indicated Midodrine was given to Resident B on 8/2 at 8:00 PM, 8/16 at 4:00 PM, 8/20 at 8:00 AM, and 8/30 at 4:00 PM. Blood pressure measurements ranged from 111/65 to 124/70, above the parameters to hold the doses. A review of nursing progress notes, from 7/30/25 to 9/1/25, indicated the Midodrine medication was held because the blood pressure measurement was above 110 systolic on 8/2 at 8:00 AM, 8/6 at 8:00 AM and on 8/11 at 4:00 PM. A review of vital signs flowsheets and progress notes for Resident B, from 7/26/25-9/2/25, indicated blood pressure measurements were not documented on the following dates and times: 8/1 at 8:00 AM and 8:00 PM, 8/4 at 8:00 PM, 8/5 at 8:00 PM, 8/6 at 8:00 PM, 8/7 at 4:00 PM, 8/10 at 4:00 PM, 8/11 at 8:00 AM, 8/12 at 8:00 AM, 8/13 at 8:00 AM, 8/15 at 8:00 AM and 4:00 PM, 8/17 at 8:00 AM and 4:00 PM, 8/18 at 8:00 AM and 4:00 PM, 8/19 at 8:00 AM, 8/20 at 4:00 PM, 8/21 8:00 AM and 4:00 PM,		1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The resident’s midodrine orders were reviewed immediately upon notification of the finding. Licensed nursing staff verified that all parameters were correctly entered and active in the eMAR system. Resident’ B’s vital signs and documentation were reviewed to ensure accuracy and completion. Any inaccuracies noted were followed with documented training to licensed staff. No negative outcomes were identified for resident B because of this finding. 2. How the facility will identify other residents who have the potential to be affected by the	

8/25 at 8:00 AM and 4:00 PM, 8/26 at 8:00 AM and 4:00 PM, 8/27 at 4:00 PM, 8/28 at 8:00 AM and 4:00 PM, 8/29 at 8:00 AM and 4:00 PM, and 8/31 at 8:00 AM and 4:00 PM.

During an interview on 10/10/25 at 11:42 AM, QMA 2 indicated the resident's blood pressure was to be measured, then staff were to review the order parameters before giving each dose of Midodrine. QMA 2 indicated blood pressures were recorded in the vital signs flow sheet record or in a nursing progress note.

During an interview on 10/10/25 at 2:14 PM, the Director of Nursing (DON) indicated the blood pressure should have been measured before each administration of Midodrine for Resident B. The DON indicated the check marks on the MAR indicated the medication had been administered to the resident.

A current policy, dated 1/2024, provided by the DON, indicated facility staff would verify the correct dose by following physician ordered parameters. The form indicated all documentation (regarding medications) were to be completed at the time of administration.

This citation is related to Intake

same deficient practice and what corrective action will be taken :

All current residents receiving medications with pre -administration parameters for blood

pressure parameters were audited to ensure documentation matches order parameters.

Any discrepancies found were immediately corrected and staff were re -educated individually as

necessary

Audit completed by October 25, 2025

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:

Reviewing physician orders for

IN00463899.

Based on interview and record review the facility failed to ensure professional standards of practice were followed for medication administration and documentation for 1 of 5 reviewed (Resident B).

Findings include:

A record review for Resident B's began on 10/9/25 at 10:45 AM Diagnoses included hypothyroidism, depression, chronic obstructive pulmonary disease, and chronic pain.

A review of Resident B's current quarterly Level of Service Assessment, dated 5/5/25 at 2:05 PM, indicated Resident B was not able to self-administer medications.

A review of physician's orders, dated 4/11/25 at 1:00 PM, indicated Resident B was to receive Midodrine 5 mg, two times a day. There were parameters ordered as follows for the Midodrine: "Do not give, or hold, midodrine if systolic blood pressure was greater than 110 mmHg."

A review of the Medication Administration Record, (MAR) dated August 1-31, 2025, indicated Midodrine was given to Resident B on 8/2 at 8:00 PM, 8/16 at 4:00 PM, 8/20 at 8:00 AM, and 8/30 at 4:00 PM.

parameters prior to medication administration,
proper

documentation of pre
-pre-administration
vitals a nd medication
administration at time of event,
standards for medication
administration and
documentation. By October 30, 2025.

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 :

The Director of Nursing or designee will
conduct random MAR/vital sign audits

weekly for 4 weeks then monthly thereafter
to verify documentation of parameters prior

to medication administration, accuracy of time, and dosage.

5. By what date the systemic changes will be completed:

All corrective actions will be

	Blood pressure measurements ranged from 111/65 to 124/70, above the parameters to hold the doses. A review of nursing progress notes, from 7/30/25 to 9/1/25, indicated the Midodrine medication was held because the blood pressure measurement was above 110 systolic on 8/2 at 8:00 AM, 8/6 at 8:00 AM and on 8/11 at 4:00 PM. A review of vital signs flowsheets and progress notes for Resident B, from 7/26/25-9/2/25, indicated blood pressure measurements were not documented on the following dates and times: 8/1 at 8:00 AM and 8:00 PM, 8/4 at 8:00 PM, 8/5 at 8:00 PM, 8/6 at 8:00 PM, 8/7 at 4:00 PM, 8/10 at 4:00 PM, 8/11 at 8:00 AM, 8/12 at 8:00 AM, 8/13 at 8:00 AM, 8/15 at 8:00 AM and 4:00 PM, 8/17 at 8:00 AM and 4:00 PM, 8/18 at 8:00 AM and 4:00 PM, 8/19 at 8:00 AM, 8/20 at 4:00 PM, 8/21 8:00 AM and 4:00 PM, 8/25 at 8:00 AM and 4:00 PM, 8/26 at 8:00 AM and 4:00 PM, 8/27 at 4:00 PM, 8/28 at 8:00 AM and 4:00 PM, 8/29 at 8:00 AM and 4:00 PM, and 8/31 at 8:00 AM and 4:00 PM. During an interview on 10/10/25 at 11:42 AM, QMA 2 indicated the resident's blood pressure was to be measured, then staff		completed by November 22, 2025	

were to review the order parameters before giving each dose of Midodrine. QMA 2 indicated blood pressures were recorded in the vital signs flow sheet record or in a nursing progress note.

During an interview on 10/10/25 at 2:14 PM, the Director of Nursing (DON) indicated the blood pressure should have been measured before each administration of Midodrine for Resident B. The DON indicated the check marks on the MAR indicated the medication had been administered to the resident.

A current policy, dated 1/2024, provided by the DON, indicated facility staff would verify the correct dose by following physician ordered parameters. The form indicated all documentation (regarding medications) were to be completed at the time of administration.

This citation is related to Intake IN00463899.

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 SIGNATURENicole	TITLEWhalen	(X6) DATE10/29/2025