STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF TERRE HAUTE	650 LAFAYETTE AVENUE, TERRE HAUTE, , 47807

(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 a State Residential Licensure Survey. Survey dates: September 22 and 23, 2022 Facility number: 014291 Residential Census: 90 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 7, 2022.	R 0000	This plan of correction is submitted as required under federal and state regulation. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Please accept this plan of correction as our credible allegation of compliance. We are requesting a desk review for paper compliance.	

R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure a minimum of one staff person was CPR (cardiopulmonary resuscitation-an emergency procedure consisting of chest compressions often combined	R 0117	It is the practice of this community to ensure a minimum of one (1) awake staff person with current CPR/First Aid certification is on site at all times. **1.** **What corrective action(s) will be** **accomplished for those residents found to have been affected by the deficient practice?** No residents were identified as being affected. CNA 9 is scheduled to complete the CPR/First Aid course on 10/25/2022. When CNA 9 is scheduled to work another staff member with current certification in CPR/First Aid will be scheduled to work with her. **2.** **How the facility will identify other** **residents having the potential to be affected by the same deficient practice**	11/22/2022

	with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest) and first aid certified during a night shift for 1 of 7 scheduled days reviewed. Findings include: On 9/22/22 at 2:00 p.m., staffing schedules were reviewed to ensure at least one on-duty staff member was both CPR and first aid certified. During the night shift of 9/16/22, the schedule indicated Certified Nursing Assistant (CNA) 8 and CNA 9 had worked the night shift. Review of the facility's CPR and first aid certifications indicated CNA 8 had CPR certification but lacked documentation of the CNA being certified in first aid. The certifications lacked documentation that CNA 9 had been certified in either CPR or first aid. During an interview, on 9/22/22 at 2:22 p.m., the Director of Nursing (DON) indicated two CNAs worked the night shift of 9/16/22. CNA 9 was a new employee and had been signed up to take the CPR and first aid course, but the course had not yet been held. CNA 8 had no-called/no-showed for her last shift, and her employment had been terminated. The DON had		**and what corrective action will be taken?** All residents have the potential to be affected by the alleged deficient practice. The staff schedule will indicate staff that are CPR/First Aid certified as indicated by a highlight. At least one staff person that is CPR/First Aid certified will be scheduled every shift. The Director of Nursing and Wellness and Executive Director will educate all staff on their responsibility to keep their CPR/First Aid certification current and to report to their manager if they need assistance in finding a location to complete or renew their certification. **3.** **What measures will be put into place or** **what systemic changes the facility will make to ensure that the deficient**	

	attempted to contact CNA 8 to find out if she had been certified in first aid and had just not provided the facility with her certification card. She left the CNA a message but had not received a return call. She was not able to provide verification that CNA 9 had a first aid certification at the time she had worked on 9/16/22. The DON was unsure if the facility had a policy specific to the requirement for staff to be fully certified in both CPR and first aid in order to work. She indicated she was aware of the residential regulation and the facility would be expected to follow all residential regulations. The Indiana Residential Regulation, dated 2008, 410 IAC 16.2-5-1.4(b) indicated, "...A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times...." Based on record review and interview, the facility failed to ensure a minimum of one staff person was CPR (cardiopulmonary resuscitation-an emergency procedure consisting of chest compressions often combined with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who		**practice does not recur?** The Human Resource representative will request proof of CPR and first aid completion upon hire. Any staff person that does not hold a current CPR/First Aid certification will be provided an opportunity to obtain the certification within the first 45 days of hire. The Director of Nursing and Wellness or designee will review the schedule daily for 4 weeks, then weekly for 4 weeks, then randomly ongoing to ensure at least one staff with current CPR/First Aid certification is present every shift. Any findings will be corrected at the time of discovery.	

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	received a return call. She was not able to provide verification that CNA 9 had a first aid certification at the time she had worked on 9/16/22. The DON was unsure if the facility had a policy specific to the requirement for staff to be fully certified in both CPR and first aid in order to work. She indicated she was aware of the residential regulation and the facility would be expected to follow all residential regulations. The Indiana Residential Regulation, dated 2008, 410 IAC 16.2-5-1.4(b) indicated, "...A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times...."		certification in CPR/First Aid, including corrective actions and training provided to the QA Committee for discussion and further recommendations. Audits will continue quarterly ongoing. **5.** **By what date the systemic changes will be completed?** 11/22/2022	
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on observation, record review, and interview, the facility failed to ensure medication	R 0241	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice;** Resident 301: Medication Self-Administration Assessment, Level of Service Assessment, and BIMS Cognitive assessment were completed on 10/21/22 to determine resident's ability to take medications left in apartment when resident is not present. It has been determined that resident's medications will be left in	10/23/2022

	administration was supervised for 5 of 5 residents reviewed during medication pass (Residents 314, 301, 375, 307, and 330), to ensure a medication was administered at the correct time (Resident 307), and to ensure a resident took her morning medications as ordered during 1 of 1 random observations (Resident 314). Findings include: 1. During a continuous medication pass observation, on 9/22/22 from 10:40 a.m. to 10:58 a.m., Qualified Medication Aide (QMA) 4 was observed passing medications. QMA 4 prepared hydralazine (a blood pressure medication) 25 milligrams (mg) 1 tablet, and took it to Resident 314's room. Resident 314 was not in the room. QMA 4 placed the medication cup on the table, and indicated she was not sure where the resident was or when she would be back, but she would take the medication when she returned to her room. She was allowed to leave medications unattended in the resident's rooms unless there was a physician's order which indicated to not leave the medications at bedside, She would not need to go back to ensure the resident took the medication. QMA 4 prepared gabapentin (a medication for nerve pain) 300 mg 1 capsule,		apartment if resident is not present per physician's order, at the time of med pass by a Licensed nurse or QMA. Resident 307: Medication Self-Administration Assessment, Level of Service Assessment, and BIMS Cognitive assessment were completed on 10/21/22 to determine resident's ability to take medications left in apartment when resident is not present. It has been determined that resident's medications will not be left in apartment and resident will be observed taking medications at the time of med pass by a Licensed nurse or QMA. Resident 314: Medication Self-Administration Assessment, Level of Service Assessment, and BIMS Cognitive assessment were completed on 10/21/22 to determine resident's ability to take medications left in apartment when resident is not present. It has been determined that resident's medications will be left in apartment if resident is not present per physician's order, at the time of med pass by a Licensed nurse or QMA.	

and took it to Resident 301's room. Resident 301 was not in the room. QMA 4 placed the medication cup on the resident's table, and indicated the resident went to a skilled nursing facility (SNF) to visit his wife and would take the medication when he returned to the facility around lunch time. QMA 4 prepared gabapentin 300 mg 1 capsule, and took it to Resident 375's room. Resident 375 was not in the room. QMA 4 placed the medication cup on the resident's table, and indicated she was not sure where the resident was or when he would be back, but he would take the medication when he returned to his room. QMA 4 prepared Percocet (a narcotic pain medication) 10/325 mg 1 tablet and diazepam (an antianxiety medication) 2 mg 1 tablet, and took it to Resident 307's room. Resident 307 was lying in bed. QMA 4 placed the medication cup on the resident's bedside table and left the room without observing if the resident took the medications. QMA 4 prepared buspirone (an antianxiety medication) 15 mg 1 tablet, clonidine (a blood pressure medication) 0.1 mg 1 tablet, and tramadol (a narcotic pain medication) 50 mg 1 tablet, and took it to Resident 330's room. QMA 4 placed the medications on the resident's table and left the room without observing if the resident took the medications.

Resident 330: Medication Self-Administration Assessment, Level of Service Assessment, and BIMS Cognitive assessment were completed on 10/21/22 to determine resident’s ability to take medications left in apartment when resident is not present. It has been determined that resident’s medications will not be left in apartment and resident will be observed taking medications at the time of med pass by a Licensed nurse or QMA.

Resident 375: Medication Self-Administration Assessment, Level of Service Assessment, and BIMS Cognitive assessment were completed on 10/21/22 to determine resident’s ability to take medications left in apartment when resident is not present. It has been determined that resident’s medications will be left in apartment if resident is not present per physician’s order, at the time of med pass by a Licensed nurse or QMA.

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