STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF FORT WAYNE	7125 S HANNA STREET, FORT WAYNE, , 46816

(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 IN00464310. Intake IN00464310 - State deficiencies related to the allegations are cited at R0147. Survey date: September 8, 2025 Facility number: 014316 Residential Census: 67 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed September 9, 2025	R 0000	Please accept this Plan of Correction as a credible allegation of compliance.	
R 0147	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(d) (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire	R 0147	**What corrective action will be accomplished for those residents found to be affected by the same deficient practice:**	09/21/2025

prevention and building safety commission (675 IAC) where applicable to health facilities.

Based on interview and record review, the facility failed to ensure residents refrained from smoking while using oxygen. This affected 1 of 67 residents residing in the building (Resident F).

Findings include:

A report, dated 8/22/25, indicated Resident F had a fire, in her room, in the trash can. The fire department responded to and quickly extinguished the fire. Resident F and no other residents/staff were injured as a result of the fire. The facility reported interventions had been put in place to ensure Resident F's continued safety with smoking including removal of the resident's cigarettes and lighter from the room and providing a fireproof trash container. Staff were to increase supervision of Resident F with hourly room checks.

On 9/8/25 at 12:23 P.M., Resident F's record was reviewed. Diagnoses included dementia with behavioral disturbance and chronic obstructive pulmonary disease (COPD).

An undated Pre-Admission Assessment, indicated Resident

The smoking material has been removed from Resident Fs room.
Hourly checks have been implemented. Resident F has been assessed and needs a higher
level of care. Facility has been working with POA and resident F will transfer
to skilled Nursing on 9/18/25.

**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 room audit has been conducted and a list of residents who smoke
has been created. “Smoking Rounds Audit Form” has been implemented to check
these rooms daily. Lease violations will continue to be issued with potential
to terminate lease agreements for non-compliance.

**What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does
recur:**

F used tobacco and had been educated on the Community Smoking Policy.

An admission contract, dated 2/8/24, indicated the resident understood and agreed to smoke only in permitted, designated areas outside of the building.

A Service Plan, reviewed and updated on 8/18/25, indicated Resident F would show no decline in her cognition. She had mild to moderate disorientation with difficulty recalling information and required cues with care. She was unsafe to manage her medications and medications were provided by staff. The Service Plan indicated the resident required oxygen to maintain her oxygen saturation above 90% with a goal of the resident following safety guidelines for oxygen use. Interventions were to administer her breathing treatments as ordered, provide assistance with ordering her oxygen, and ensure oxygen was stored securely in her room.

A physician order, dated 3/8/24, was for continuous oxygen at 3 liters per minute, per nasal cannula.

Progress notes indicated the following:

7/9/25 at 10:42 a.m., Resident F

A Performance Improvement Plan has been developed. Residents
have received a copy of the Smoking Policy that they received at time of
admission. The pre-admission assessment will continue to be conducted with
increased emphasis on the Smoking Policy. A memo was issued to all known smokers that informed them of the increased oversight regarding the smoking policy and emphasized
the consequences for violating,

How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what QA program will be put in place:

The Smoking Rounds Audits will be completed 2x daily for 1 month, 1x daily for 1 month, and 1x weekly thereafter. The results of audits
will be reviewed daily, and the results will be part of QAPI. Lease violations
up to termination of lease will occur for continued
non-compliance.

What date the systemic changes will be completed.

	was observed in her room smoking. She was educated to not smoke in her room. 7/11/25 at 10:43 a.m., Resident F was observed smoking in her room. She was educated on the smoking policy and the designated smoking areas. The resident was told smoking in her room or anywhere outside of a designated area could result in a lease violation to be issued. The resident indicated understanding. 7/17/25 at 8:52 a.m., Resident F was issued a lease violation due to smoking in her apartment. She was educated on not smoking in her room and voiced understanding. 7/23/25 at 4:34 p.m., Resident F continued to smoke in her apartment with oxygen present. She was educated on the importance of not smoking in her apartment with "oxygen supplies". 8/8/25 at 12:42 p.m., the resident was educated on not smoking in her room with oxygen present. She was observed smoking a cigarette in her bathroom. -At 1:55 p.m., the Director of Nursing (DON) was notified of the resident smoking in her apartment. When asked, Resident F denied smoking but her apartment smelled of		9/21/25		

smoke. She was re-educated on the smoking policy.

8/22/25 at 1:15 a.m., the fire alarm sounded. Staff located the fire in Resident F's room in her trash can. Staff tried to assist her from the room but she refused. Staff put the fire out with the extinguishers and followed directions from the fire department.

-At 8:41 a.m., Resident F asked the Qualified Medication Aide (QMA) if she was going to be put out of her home because of the fire. She indicated she had lit a piece of paper on fire to try and light a candle in her room. She was educated on not having candles in her room. Resident F indicated the fire department had taken 1 of the candles but 2 candles remained on her counter. The desk nurse was notified of the candles.

-At 9:01 a.m., the DON spoke with the resident's family member about Resident F's recent behavior with fire in her trash can. The family member agreed to look for a secured nursing facility as the resident had been issued a previous violation and educated multiple times on safety.

8/29/25 at 2:29 p.m., the QMA reported Resident F had fallen while in her bathroom, doing her hair and smoking a cigarette.

There was no documentation completed following the resident's fall while smoking in her bathroom or new interventions put in place to prevent further injury from smoking. There was no documentation to indicate the resident had been supervised nor documentation of the 2 remaining candles being removed from her room.

A note, dated 9/8/25 at 9:37 a.m., indicated the resident may be accepted at a secured nursing facility pending level of service approval.

On 9/8/25 at 11:43 A.M., the Administrator and DON were interviewed regarding the facility's smoking policy. Both indicated residents were informed of the smoking rules during the pre-admission process and, again, when completing the admission paperwork. The Administrator indicated resident's who smoked in their room were issued a violation with progressive consequences including being discharged from the facility.

-At 1:00 P.M., the Administrator and DON were interviewed regarding Resident F's continued non-compliance with the smoking rules. The DON indicated the resident's cognition had declined and she

was no longer appropriate for assisted living. Staff had made several attempts to refer her to nursing facilities however, they were still waiting for her acceptance. She indicated Resident F's family lived out of state and hadn't been able to help care for her. The facility was unable to find a safe place to discharge her due to her care needs and were waiting on the facilitys where referrals had been sent. The DON indicated she hadn't any documentation to show staff had conducted hourly checks, as reported, and had not been aware of the incident on 8/29/25 when the resident had fallen while smoking in her bathroom.

A policy, dated 4/27/21 and titled "Smoking", was provided by the Administrator on 9/8/25 at 11:43 A.M. and indicated: The building was smoke free; all common areas of the premises and all apartments were smoke free; no resident or guest were permitted to smoke or use any tobacco products in common areas or in the apartments. Management had designated exterior locations where residents could smoke.

This State Residential finding relates to Intake IN00464310.

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smoking while using oxygen. This affected 1 of 67 residents residing in the building (Resident F).

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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