STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/09/2021

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 Complaint IN00358823, IN00358843, IN00359079, IN00359200, and IN00359251. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00358823- Unsubstantiated due to lack of evidence. Complaint IN00358843- Unsubstantiated due to lack of evidence. Complaint IN00359079- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00359200- Substantiated. Deficiencies related to the allegations are cited at R0407.	R 0000		

	Complaint IN00359251-Substantiated. No deficiencies related to the allegations are cited. Survey dates: August 6, and 9, 2021 Facility number: 014316 Residential Census: 104 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 10, 2021			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 0407	Employee and visitor screening for Covid-19 will be completed upon entering the front door of the community. During the daytime hours, a receptionist, or designated employee, will screen the person at the front desk. This will include taking temperature, and checking for signs/symptoms of Covid-19. Once the person fills out the screening form, the receptionist, or designated employee, will review the answers with the person for any potential errors. If errors are noted, entry for that person will be denied. In the absence of a receptionist at the front desk, a check-in table will be placed	09/08/2021

	Based on observation, interview, and record review, the facility failed to ensure infection control measures were taken to prevent the spread of COVDI 19 for 55 of 55 staff, and 5 of 5 resident records reviewed (Resident H, Resident J, Resident L, Resident N, and Resident O). Findings include 1. The visitor Covid-19 screening tools were reviewed on 8/6/21. Eight (8) of ten (10) screening tools did not indicate who had screened the visitors in, 9 of 7 did not indicate a temperature had been recorded; one of 7 indicated a temperature of 70 degrees; 5 of 7 did not indicate any of the questions had been answered, 4 of 7 did not indicate which resident was visited, 3 of 7 did not indicate arrival time and departure time of the visitor, and 2 of 7 did not indicate what date the visitor visited. The Covid-19 employee screening tools were reviewed on 8/6/21. Sixteen (16) of 21 did not indicate who had screened the employees in, 4 of 21 did not indicate the time of screening, 3 of 21 did not indicate any of the questions had been answered, 2 of 21 did not indicate the name of the employees, and 4 of 21 did not indicate which employees they		between the 2 front doors. Any visitor/employee attempting to enter will be directed to ring the doorbell, to alert an employee on duty to come to the door to screen. Staff will be educated on screening process per DONW, or designee, by 9/1/2021. Audits of the screening sheets will be performed daily (M-F) x 2 weeks, then 3x/week x 2 weeks, then 1x/week x 2 weeks per the DONW, or designee. To ensure that deficit practice will not occur, the Executive Director, or designee will present the audit findings to the Quality Assurance Performance Committee monthly until 100% compliance is met for 3 consecutive months. Residents will be screened daily for signs/symptoms of Covid-19, to include checking temperature. Nursing staff will be educated on daily screening, and entering in resident chart per DONW, or designee, by 9/1/2021. Audits will be performed by DONW, or designee, daily (M-F) x 2 weeks, then 3x/week x 2 weeks, then 1x/week x 2 weeks. To ensure that deficit practice will not occur, the Executive Director, or designee	

	were due to signatures were illegible or the printed names were not on the facility's current employee roster. During an interview on 8/6/21 at 2:41 P.M., the ED indicated there is not a receptionist in the evening from 8:00 P.M.- 8:00 A.M., and at night so nursing would have to let anyone in during the night shift. She indicated that yes, before and after the receptionist gets here and leaves, the staff and visitors screen themselves in. 2. The record for Resident H was reviewed on 8/9/21. The record indicated a move in date of 6/29/19. The record did not indicate Resident H was offered the pneumonia vaccination, had declined it, or had received it elsewhere prior to moving in to the facility. The Medication Administration Record (MAR) dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was checking for signs and symptoms of Covid-19. 3. The record for Resident J was reviewed on 8/9/21. The record indicated a move in date of 8/27/20. The record did not indicate Resident J was offered the influenza or pneumonia vaccinations, had declined them, or had received them		will present the audit findings to the Quality Assurance Performance Committee monthly until 100% compliance is met for 3 consecutive months. Immunization records will be reviewed upon admission of resident into community. If no evidence of prior vaccinations, they will be offered. If they choose to decline, this will be entered into their resident chart. At the community times of vaccinations, if a resident declines, declination will be entered into their medical record. Audits will be reviewed for evidence of declination of immunizations within 72 hours of admission per the DONW, or designee. Nursing staff will be educated on immunization process per DONW, or designee, by 9/1/2021. To ensure that deficit practice will not occur, the Executive Director, or designee will present the audit findings to the Quality Assurance Performance Committee monthly until 100% compliance is met for 3 consecutive months.	

elsewhere prior to moving in to the facility. The record also did not contain a written refusal for the Covid-19 vaccination. The MAR dated July and August 2021 indicated a twice daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

4. The record for Resident L was reviewed on 8/9/21. The record indicated a move in date of 5/24/21. The record did not indicate Resident L was offered the pneumonia and Covid-19 vaccinations, had declined them, or had received the pneumonia vaccine elsewhere prior to moving in to the facility. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

5. The record for Resident N was reviewed on 8/9/21. The record indicated a move in date of 09/16/20. The record did not indicate Resident N was offered the influenza or pneumonia vaccinations, had declined them, or had received them elsewhere prior to moving in to the facility. The record also did

not contain a written refusal for the Covid-19 vaccination. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

6. The record for Resident O was reviewed on 8/9/21. The record indicated a move in date of 07/30/19. The record did not indicate Resident O was offered the pneumonia or Covid-19 vaccinations, had declined them, or had received the pneumonia vaccine elsewhere prior to moving in to the facility. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was checking for signs and symptoms of Covid-19.

On 8/9/21 at 3:05 P.M., the DON provided an Immunization Report. The report indicated the date range of 3/1/19-8/31/21 to include information for influenza, pneumovax dose 1 and 2, and Covid-19. Resident O only listed as having refused the influenza vaccine. Resident H was noted to have received the influenza and Covid-19 vaccinations but pneumonia was not listed. Resident J, Resident L, and Resident N were not on the list.

Resident O was noted to have refused the influenza vaccination but no information was documented about the pneumonia or Covid-19 vaccines.

During an interview on 8/9/21 at 2"15 P.M., the DON indicated the facility did daily checks for Covid-19 symptoms on each resident whether or not they are vaccinated. The checks consisted of just checking temperatures but if the resident reported any symptoms then the facility would perform a Covid-19 test. She indicated the facility only obtained verbal refusals of vaccinations so nothing was documented in the computer for those who refused. When asked about what the "wellness checks" were on the MARs, the DON indicated she was not sure what "wellness checks" consisted of.

During an interview on 8/9/21 at 2:58 P.M., Employee 14 indicated the wellness checks were to make sure the residents are in their apartments and accounted for, and that they do not need anything, but the staff did not ask the residnets if they were feeling well or had any symptoms of illness.

This State tag relates to Complaint IN00359200.

Based on observation,

interview, and record review, the facility failed to ensure infection control measures were taken to prevent the spread of COVDI 19 for 55 of 55 staff, and 5 of 5 resident records reviewed (Resident H, Resident J, Resident L, Resident N, and Resident O).

Findings include

1. The visitor Covid-19 screening tools were reviewed on 8/6/21. Eight (8) of ten (10) screening tools did not indicate who had screened the visitors in, 9 of 7 did not indicate a temperature had been recorded; one of 7 indicated a temperature of 70 degrees; 5 of 7 did not indicate any of the questions had been answered, 4 of 7 did not indicate which resident was visited, 3 of 7 did not indicate arrival time and departure time of the visitor, and 2 of 7 did not indicate what date the visitor visited.

The Covid-19 employee screening tools were reviewed on 8/6/21. Sixteen (16) of 21 did not indicate who had screened the employees in, 4 of 21 did not indicate the time of screening, 3 of 21 did not indicate any of the questions had been answered, 2 of 21 did not indicate the name of the employees, and 4 of 21 did not indicate which employees they were due to signatures were

illegible or the printed names were not on the facility's current employee roster.

During an interview on 8/6/21 at 2:41 P.M., the ED indicated there is not a receptionist in the evening from 8:00 P.M.- 8:00 A.M., and at night so nursing would have to let anyone in during the night shift. She indicated that yes, before and after the receptionist gets here and leaves, the staff and visitors screen themselves in.

2. The record for Resident H was reviewed on 8/9/21. The record indicated a move in date of 6/29/19. The record did not indicate Resident H was offered the pneumonia vaccination, had declined it, or had received it elsewhere prior to moving in to the facility. The Medication Administration Record (MAR) dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was checking for signs and symptoms of Covid-19.

3. The record for Resident J was reviewed on 8/9/21. The record indicated a move in date of 8/27/20. The record did not indicate Resident J was offered the influenza or pneumonia vaccinations, had declined them, or had received them elsewhere prior to moving in to

the facility. The record also did not contain a written refusal for the Covid-19 vaccination. The MAR dated July and August 2021 indicated a twice daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

4. The record for Resident L was reviewed on 8/9/21. The record indicated a move in date of 5/24/21. The record did not indicate Resident L was offered the pneumonia and Covid-19 vaccinations, had declined them, or had received the pneumonia vaccine elsewhere prior to moving in to the facility. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

5. The record for Resident N was reviewed on 8/9/21. The record indicated a move in date of 09/16/20. The record did not indicate Resident N was offered the influenza or pneumonia vaccinations, had declined them, or had received them elsewhere prior to moving in to the facility. The record also did not contain a written refusal for

the Covid-19 vaccination. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was performing daily temperature checks and/or checking for signs and symptoms of Covid-19.

6. The record for Resident O was reviewed on 8/9/21. The record indicated a move in date of 07/30/19. The record did not indicate Resident O was offered the pneumonia or Covid-19 vaccinations, had declined them, or had received the pneumonia vaccine elsewhere prior to moving in to the facility. The MAR dated July and August 2021 indicated daily wellness check to "visually check resident for wellness" but did not indicate the facility was checking for signs and symptoms of Covid-19.

On 8/9/21 at 3:05 P.M., the DON provided an Immunization Report. The report indicated the date range of 3/1/19-8/31/21 to include information for influenza, pneumovax dose 1 and 2, and Covid-19. Resident O only listed as having refused the influenza vaccine. Resident H was noted to have received the influenza and Covid-19 vaccinations but pneumonia was not listed. Resident J, Resident L, and Resident N were not on the list. Resident O was noted to have

refused the influenza vaccination but no information was documented about the pneumonia or Covid-19 vaccines.

During an interview on 8/9/21 at 2"15 P.M., the DON indicated the facility did daily checks for Covid-19 symptoms on each resident whether or not they are vaccinated. The checks consisted of just checking temperatures but if the resident reported any symptoms then the facility would perform a Covid-19 test. She indicated the facility only obtained verbal refusals of vaccinations so nothing was documented in the computer for those who refused. When asked about what the "wellness checks" were on the MARs, the DON indicated she was not sure what "wellness checks" consisted of.

During an interview on 8/9/21 at 2:58 P.M., Employee 14 indicated the wellness checks were to make sure the residents are in their apartments and accounted for, and that they do not need anything, but the staff did not ask the residnets if they were feeling well or had any symptoms of illness.

This State tag relates to Complaint IN00359200.

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