

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/31/2022	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 IN00381257 Complaint IN00381257 - Substantiated. State deficiencies related to the allegations are cited at R0144 and R0149. Survey date: May 31, 2022 Facility number: 014316 Residential Census: 101 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 31, 2022	R 0000	desk review of the following plan of correction to the survey conducted at Silver Birch Fort Wayne on May 31, 2022. Silver Birch of Fort Wayne desires this plan of correction to be considered the facility's Allegation of Compliance effective June 30,2022.				
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good	R 0144	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?			06/30/2022	

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repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, record review, and interview, the facility failed to provide a clean area for laundry for residents who reside in the facility. (Resident B, Resident D) Findings include: An observation was made on 5/31/22 at 9:51 AM in the laundry room on the 4th floor. There was debris on the floor, in between the washer and dryers and around garbage barrels. There were 2 of 3 large garbage barrels overflowing with garbage. The floor was sticky. An observation was made with QMA 2 on 5/31/22 at 9:53 AM of the 4th floor laundry room. QMA 2 indicated the laundry room should be clean, which meant no debris on the floor. QMA 2 indicated the floors should not be sticky. QMA 2 also indicated the housekeeping department cleaned the laundry room. Housekeeper 3 was interviewed on 5/31/22 at 10:14 AM. Housekeeper 3 indicated laundry rooms are cleaned daily. Housekeeper 3 indicated the daily tasks included: sweeping the floor, mopping the floors, wiping down the washer and dryers and emptying the	Environmental services manager will create schedule for when laundry rooms are cleaned. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents were affected. Environmental services manager will create schedule for when laundry rooms are cleaned. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? Environmental services manager will conduct weekly audits to ensure laundry rooms are being cleaned as scheduled. How will the corrective action be monitored to ensure the deficient practice will not recur? Audits will be reviewed by QA Committee for six months or until 100% compliance is reached. Systemic changes will be completed by: June 30, 2022.	
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trash.

Resident D was interviewed on 5/31/22 at 9:58 AM. Resident D indicated the 4th floor laundry room was dirty.

An observation was made with the Environmental Service Manager (ESM) on 5/31/22 at 10:39 AM of the 4th floor laundry room. The ESM indicated the housekeeping staff are to clean the laundry room daily. The laundry room cleaning tasks included: sweeping, mopping, and wipe down the washer/dryers. The ESM indicated the housekeeping staff do not complete a check off sheet upon completion of the task, but the ESM would follow up in person to ensure the laundry room has been cleaned. The ESM also indicated he does not document his observations. The ESM indicated the floors should not be sticky or have debris on them.

A cleaning schedule was provided by the ESM on 5/31/22 at 10:39 AM. The cleaning schedule indicated resident laundry rooms should be cleaned daily.

Resident B was interviewed on 5/31/22 at 11:23 AM. Resident B indicated the 4th floor laundry room was dirty.

Housekeeper 4 was interviewed

on 5/31/22 at 11:48 AM. Housekeeper 4 indicated the laundry rooms are to be cleaned daily. The cleaning tasks included: taking the trash out, mopping, wiping down counter tops and washing off washers and dryers.

A policy was requested from the ED on 5/31/22 at 11 AM and 12:39 PM. No policy was received by the exit of the survey.

This State finding is related to Complaint IN00381257.

Based on observation, record review, and interview, the facility failed to provide a clean area for laundry for residents who reside in the facility. (Resident B, Resident D)

Findings include:

An observation was made on 5/31/22 at 9:51 AM in the laundry room on the 4th floor. There was debris on the floor, in between the washer and dryers and around garbage barrels. There were 2 of 3 large garbage barrels overflowing with garbage. The floor was sticky.

An observation was made with QMA 2 on 5/31/22 at 9:53 AM of the 4th floor laundry room. QMA 2 indicated the laundry room should be clean, which meant no debris on the floor. QMA 2 indicated the floors should not

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be sticky. QMA 2 also indicated the housekeeping department cleaned the laundry room.

Housekeeper 3 was interviewed on 5/31/22 at 10:14 AM. Housekeeper 3 indicated laundry rooms are cleaned daily. Housekeeper 3 indicated the daily tasks included: sweeping the floor, mopping the floors, wiping down the washer and dryers and emptying the trash.

Resident D was interviewed on 5/31/22 at 9:58 AM. Resident D indicated the 4th floor laundry room was dirty.

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An observation was made with the Environmental Service Manager (ESM) on 5/31/22 at 10:39 AM of the 4th floor laundry room. The ESM indicated the housekeeping staff are to clean the laundry room daily. The laundry room cleaning tasks included: sweeping, mopping, and wipe down the washer/dryers. The ESM indicated the housekeeping staff do not complete a check off sheet upon completion of the task, but the ESM would follow up in person to ensure the laundry room has been cleaned. The ESM also indicated he does not document his observations. The ESM indicated the floors should not be sticky or have debris on them.

A cleaning schedule was provided by the ESM on 5/31/22 at 10:39 AM. The cleaning schedule indicated resident laundry rooms should be cleaned daily.

Resident B was interviewed on 5/31/22 at 11:23 AM. Resident B indicated the 4th floor laundry room was dirty.

Housekeeper 4 was interviewed on 5/31/22 at 11:48 AM. Housekeeper 4 indicated the laundry rooms are to be cleaned daily. The cleaning tasks included: taking the trash out, mopping, wiping down counter

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	tops and washing off washers and dryers. A policy was requested from the ED on 5/31/22 at 11 AM and 12:39 PM. No policy was received by the exit of the survey. This State finding is related to Complaint IN00381257.			
R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation, interview and record review the facility failed to ensure the facility was free from pest. (Resident A, Resident B, Resident D, Resident E) Findings Include: Resident E was interviewed on 5/31/22 at 9:40 AM. Resident E indicated he had seen a cockroach in his room a week ago. An observation was made of the 4th floor laundry room on 5/31/22 at 9:53 AM with QMA 3. During the observation, QMA 3 indicated she had just seen a cockroach crawl into the covered trash can. A	R 0149	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? On 4/29/22, the 4th floor laundry room was treated in addition to 8 rooms on the third floor and 11 rooms on the fourth floor. On 5/3/22, 12 rooms on the second floor were treated. On 5/10/22 rooms 425 and 3 rooms on the third floor were treated. On 5/19/22, room 425 was treated along with common areas. The community will ensure that the pest control service will treat the 4th floor laundry on their next visit. How will the facility identify other residents having the potential to be affected by the same deficient practice and	06/30/2022

mice/insect glue board was observed in the laundry room. The glue board had nothing on it.

Resident D was interviewed on 5/31/22 at 9:58 AM. Resident D indicated she had seen cockroaches in the laundry room.

Housekeeper 3 was interviewed on 5/31/22 at 10:14 AM. Housekeeper 3 indicated she had seen maggots in the trash on 5/29/22. Housekeeper 3 indicated if she saw bugs she would notify her supervisor.

An observation was made of the 4th floor laundry room with Environmental Service Manager (ESM) on 5/31/22 at 10:39 AM. The ESM indicated the facility had an ongoing cockroach problem since he started in 3/2022. The ESM indicated the facility had switched pest control companies around that time as well. A mice/insect glue board was observed in the laundry room, dated 4/29/22. The glue board was empty. The ESM indicated if a person saw a bug they were to notify him or the front desk.

Resident B was interviewed on 5/31/22 at 11:23 AM. Resident B indicated she had seen roaches on the 3rd and 4th floor laundry rooms.

Housekeeper 4 was interviewed

what corrective action will be taken?

Pest control service will continue to spray affected areas when identified. Environmental services manager and executive director will audit all resident rooms and respond accordingly.

What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?

Pest control will be discussed weekly by management to discuss the areas currently being treated, the effectiveness of the treatment, and if any modifications need to occur to the treatment plan. Environmental services manager or executive director/designee will inspect 4th floor laundry area for pests weekly for six months or sooner if pest free.

How will the corrective action be monitored to ensure the deficient practice will not recur?

Pest control will be discussed monthly in QA until the facility is pest-free.

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on 5/31/22 at 11:48 AM.
Housekeeper 4 indicated she saw roaches in the laundry rooms a week ago and sprayed hot shot bug spray on them. Housekeeper indicated if she saw a bug, she would report to her supervisor who would call the pest control company to spray.

Service inspection reports were provided by the ESM on 5/31/22 at 11:54 AM. The reports indicated:

4/14/22: treatment of all units on the 4th floor on 4/14/22, cockroaches were found in rooms: 402, 403, 409, 417, 424, 425, 426 and 429.

4/15/22: treatment was completed for room 423.

4/29/22: cockroaches were found in the 4th floor laundry room and in rooms: 317, 402, 411, 419.

5/3/22: cockroaches were found in rooms: 229 and 236

5/10/22: cockroaches were found in rooms: 320 and 327

A pest control log was provided by the ESM on 5/31/22 at 1 PM. The log indicated residents and/or staff had reported cockroaches on:

12/23/22: room: 229, 235

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12/27/22: room: 236			
1/12/22: room: 326			
1/17/22: room 321			
1/24/22: rooms: 419, 423, 429			
2/17/22: room: 410			
2/22/22: room: 310			
2/23/22: rooms: 233, 327, 336, 338			
2/28/22: room: 311			
3/1/22: room: 315			
3/2/22: room: 329			
3/8/22: room: 300			
3/14/22: rooms: 105, 211, 233, 311, 338			
3/23/22: room: 415			
3/24/22: room 405			
3/28/22: rooms 211, 310, 311, 320, 325, 327, 329, 334, 337, 338, 402, 405, 410, 412, 414, 415, 423, 425, 429 were sprayed			
3/30/22: room: 227			
4/1/22: room: 321			
4/5/22: rooms: 209, 232, 321			
4/6/22: rooms: 222			

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4/19/22: room: 236

4/21/22: room: 428

4/22/22: rooms: 227, 412

4/25/22: room: 411

4/29/22: observed in kitchen
and activities room

5/4/22: rooms: 229, 235, 310,
311, 427

5/6/22: rooms: 320, 327

5/12/22: rooms: 330, 428

5/13/22: room: 205

5/19/22: room: 420

5/23/22: rooms: 310, 402

5/24/22: rooms: 317

5/27/22: rooms: 223, 424

5/31/22: room: 222

A policy, dated 3/24/21, titled "Pest Control," was provided by the Executive Direction on 5/31/22 at 12:44 PM. The policy indicatedeach month interior common areas, hallways and service areas should be treated for pest. Resident units will be treated as needed during normal monthly service and service logs should be kept at the front desk to log any pest sightingsany area found to have an infestation will have pest control called for immediate

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services as soon as it can be arranged.

This State finding is related to Complaint IN00381257.

Based on observation, interview and record review the facility failed to ensure the facility was free from pest. (Resident A, Resident B, Resident D, Resident E)

Findings Include:

Resident E was interviewed on 5/31/22 at 9:40 AM. Resident E indicated he had seen a cockroach in his room a week ago.

An observation was made of the 4th floor laundry room on 5/31/22 at 9:53 AM with QMA 3. During the observation, QMA 3 indicated she had just seen a cockroach crawl into the covered trash can. A mice/insect glue board was observed in the laundry room. The glue board had nothing on it.

Resident D was interviewed on 5/31/22 at 9:58 AM. Resident D indicated she had seen cockroaches in the laundry room.

Housekeeper 3 was interviewed on 5/31/22 at 10:14 AM. Housekeeper 3 indicated she had seen maggots in the trash on 5/29/22. Housekeeper 3

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indicated if she saw bugs she would notify her supervisor.

An observation was made of the 4th floor laundry room with Environmental Service Manager (ESM) on 5/31/22 at 10:39 AM. The ESM indicated the facility had an ongoing cockroach problem since he started in 3/2022. The ESM indicated the facility had switched pest control companies around that time as well. A mice/insect glue board was observed in the laundry room, dated 4/29/22. The glue board was empty. The ESM indicated if a person saw a bug they were to notify him or the front desk.

Resident B was interviewed on 5/31/22 at 11:23 AM. Resident B indicated she had seen roaches on the 3rd and 4th floor laundry rooms.

Housekeeper 4 was interviewed on 5/31/22 at 11:48 AM. Housekeeper 4 indicated she saw roaches in the laundry rooms a week ago and sprayed hot shot bug spray on them. Housekeeper indicated if she saw a bug, she would report to her supervisor who would call the pest control company to spray.

Service inspection reports were provided by the ESM on 5/31/22 at 11:54 AM. The reports indicated:

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FORM APPROVED

OMB NO. 0938-0391

4/14/22: treatment of all units on the 4th floor on 4/14/22, cockroaches were found in rooms: 402, 403, 409, 417, 424, 425, 426 and 429.

4/15/22: treatment was completed for room 423.

4/29/22: cockroaches were found in the 4th floor laundry room and in rooms: 317, 402, 411, 419.

5/3/22: cockroaches were found in rooms: 229 and 236

5/10/22: cockroaches were found in rooms: 320 and 327

A pest control log was provided by the ESM on 5/31/22 at 1 PM. The log indicated residents and/or staff had reported cockroaches on:

12/23/22: room: 229, 235

12/27/22: room: 236

1/12/22: room: 326

1/17/22: room 321

1/24/22: rooms: 419, 423, 429

2/17/22: room: 410

2/22/22: room: 310

2/23/22: rooms: 233, 327, 336, 338

2/28/22: room: 311

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3/1/22: room: 315

3/2/22: room: 329

3/8/22: room: 300

3/14/22: rooms: 105, 211, 233,
311, 338

3/23/22: room: 415

3/24/22: room 405

3/28/22: rooms 211, 310, 311,
320, 325, 327, 329, 334, 337,
338, 402, 405, 410, 412, 414,
415, 423, 425, 429 were
sprayed

3/30/22: room: 227

4/1/22: room: 321

4/5/22: rooms: 209, 232, 321

4/6/22: rooms: 222

4/19/22: room: 236

4/21/22: room: 428

4/22/22: rooms: 227, 412

4/25/22: room: 411

4/29/22: observed in kitchen
and activities room

5/4/22: rooms: 229, 235, 310,
311, 427

5/6/22: rooms: 320, 327

5/12/22: rooms: 330, 428

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5/13/22: room: 205

5/19/22: room: 420

5/23/22: rooms: 310, 402

5/24/22: rooms: 317

5/27/22: rooms: 223, 424

5/31/22: room: 222

A policy, dated 3/24/21, titled "Pest Control," was provided by the Executive Direction on 5/31/22 at 12:44 PM. The policy indicatedeach month interior common areas, hallways and service areas should be treated for pest. Resident units will be treated as needed during normal monthly service and service logs should be kept at the front desk to log any pest sightingsany area found to have an infestation will have pest control called for immediate services as soon as it can be arranged.

This State finding is related to Complaint IN00381257.

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
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