STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH AT COOK ROAD	3731 WEST COOK ROAD, FORT WAYNE, , 46818

(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 IN00366555. Complaint IN00366555 - Substantiated. State deficiencies related to the allegations are cited at R0240. Survey date: December 1, 2021 Facility number: 014553 Residential Census: 104 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed December 1, 2021	R 0000	POC attached	
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240	**It is the practice of Silver Birch to provide personal care and assistance with activities of daily living to meet individual needs and preferences, including**	12/22/2021

Based on interview and record review, the facility failed to esure medications were given as ordered for 2 of 3 residents reviewed (Resident X and Resident Y)

Findings include:

1. In an interview on 12-1-21 at 10:45 AM, Resident Y indicated he was not recieveing his medications on time, and on the weekends, sometimes not at all. He indicated sometimes his pain was hard to manage if he did not get his medications on time.

A review of Resident Y's Medication Administration Record (MAR) dated November 2021 indicated He did not recieve his Norco 10-325 mg (pain medicaton) ordered to be given every 4 hours on 11-23-21 at 4 AM. He also did not receive (insulin) Basaglar 56 units on 11-15, 21 and 26 at 6 AM as ordered.

2. In an interview on 12-1-21 at 11:01 AM, Resident X indicated medications were not always given as scheduled, but the facility had improved.

A review of Resident X's MAR dated November 2021 indicated on 11-18-21 she did not recieve Duloxetine 60 mg (pain medication) capsule, Trazadone 150 mg (sleep medication),

timely medication administration.
What
corrective action will be accomplished for those residents found to have been affected by the deficient practice
Licensed
Nurses and QMA were re-educated (in-service completion scheduled 12/20/2021) on
timely medication administration procedures as well as appropriate documentation.
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
All
Residents residing at Silver Birch, who receive medication administered by
Silver Birch licensed personnel, have the potential to be affected by the alleged
deficient practice. The Clinical staff will administer medication at the
designated times, following the order and document accordingly.
What
measure will be put into places or systematic changes will be made to ensure
the deficient practice will not recur
To ensure
ongoing compliance with this corrective action, The DON or designee will audit
the documentation for

	Carvedilol 6.25 mg (heart medication), Ropinerole 2 mg (restless leg medication) and Tramadol 50 mg (pain medication) as ordered at bedtime. In an interview on 12-1-2021 at 11:38 AM, RN 1 indicated the facility should be giving medications as ordered. This citation is related to Complaint IN00366555. Based on interview and record review, the facility failed to esure medications were given as ordered for 2 of 3 residents reviewed (Resident X and Resident Y) Findings include: 1. In an interview on 12-1-21 at 10:45 AM, Resident Y indicated he was not recieveing his medications on time, and on the weekends, sometimes not at all. He indicated sometimes his pain was hard to manage if he did not get his medications on time.		**medication administration 5x/week for 3 weeks, 3x/week for 3 weeks, 2x/week for 3 weeks and the results will be reviewed by the QAPI team as needed with recommendations made thereafter.** **Systematic changes completion date: December 22, 2021** **The facility respectfully requests paper compliance.**	

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2. In an interview on 12-1-21 at 11:01 AM, Resident X indicated medications were not always given as scheduled, but the facility had improved.

A review of Resident X's MAR dated November 2021 indicated on 11-18-21 she did not recieve Duloxetine 60 mg (pain medication) capsule, Trazadone 150 mg (sleep medication), Carvedilol 6.25 mg (heart medication), Ropinerole 2 mg (restless leg medication) and Tramadol 50 mg (pain medication) as ordered at bedtime.

In an interview on 12-1-2021 at 11:38 AM, RN 1 indicated the facility should be giving medications as ordered.

This citation is related to Complaint IN00366555.

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	TITLE	(X6) DATE

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		