STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/30/2023

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 Complaints IN00418769, IN00419223, and IN00419864. Complaint IN00418769 - No deficiencies related to the allegations are cited. Complaint IN00419223 - No deficiencies related to the allegations are cited. Complaint IN00419864 - State deficiencies related to the allegations are cited at R0240. Survey date: October 30, 2023 Facility number: 014553 Residential Census: 106 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed October 31, 2023	R 0000		

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. Based on interview and record review, the facility failed to provide care based on individual needs and service plans for 1 of 2 residents reviewed (Resident F). Findings include: On 10/30/23 at 2:39 P.M., Resident F's family member was interviewed. They indicated the resident was to sign his name to a report form after receiving medications by staff. Resident F had memory impairment and needed staff to administer his medications because he would forget. He was to sign his name after getting the medication so there would be proof he received it should he forget. The family member indicated it was part of the resident's service plan the staff would get signatures 3 times per day after receiving his medications. The family member asked to see where the resident had signed for his medications and was shown 3 little books with dates written over and pages and dates	R 0240	*Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Hemmington Mwanza, Interim Executive Director, Silver Birch at Cook Road.* **ID Prefix Tag: R 240**	11/16/2023

missing. They alleged they asked to see the documentation the resident had received his medications because they had found 10 pills in the resident's room he should have taken.

On 10/30/23 at 1:35 P.M., Resident F's record was reviewed. Diagnoses included mild cognitive impairment and bi-polar disorder.

A service plan, dated 8/10/23, indicated the resident would be supported to take all medications safely and as ordered. Staff were to administer and supervise taking medications and have the resident sign a form after taking them.

On 10/30/23 at 2:22 P.M., QMA 3 (Qualified Medication Aid) indicated the resident was supposed to be supervised when given medications to make sure he swallowed them and then he was to sign off he had received them. The QMA indicated signing he had received his medicines was important because when he forgot he had taken them, he would get angry and agitated so staff would show him where he signed his name to indicate he had gotten his medication.

On 10/30/23 at 3:20 P.M., the Assistant Health and Wellness Director was interviewed. The

1
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The Director of Nursing & Wellness (DONW) or designee will review the service plan of Resident F and meet with Resident F and Resident F’s representative to collaboratively discuss any changes necessary in accordance with the resident’s preferences and care needs and in consideration of resident’s safety and wellbeing. Following review, any additional changes will be made, if needed, and the identified parties will sign and date the Service Plan. Additionally, Resident F and Resident F’s representative will be educated regarding the importance of reaching out to on-duty clinical staff any time there are questions or clarity needed regarding medications administered to ensure that the resident has a timely, accurate information as reflected in Resident F’s medical record.

	resident had 3 little books- not organized, labeled, or completed. His signature following each medication administration was part of the resident record and provided proof the staff provided services per his service plan. Review of the books indicated the following dates, times, and signatures were missing for October 2023: 10/6, 10/9 (evening dose), 10/17 (evening dose), 10/18, 10/22, 10/24, 10/27, 10/28, and 10/29/23. A current facility policy, titled "Service/Care Plan" was provided on 10/30/23 at 3:33 P.M. by the Assistant Health and Wellness Director, which stated "A Service/Care Plan means the written plan between a resident or resident's designated representative and the community about the services that will be provided to the resident ...Silver Birch Cook Rd will implement and provide all services indicated in the service/care plan ...." This citation relates to Complaint IN00419864. Based on interview and record review, the facility failed to provide care based on individual needs and service plans for 1 of 2 residents reviewed (Resident F). Findings include:		**2** **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?** A review of all Community residents' Service Plans was conducted. No other residents have been identified with interventions including signing a document following medication administration (as requested by a resident as a preference). All residents receiving medication administration services, including Resident F, have medication administration related detail included in their resident record. **3** **What** **measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?**	

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The DONW, or designee, will educate Community licensed nurse(s) on service plans.
Effective 11/13/2023,
the DONW, or designee, will review all completed Service Plans to ensure that resident needs and preferences including, but not limited to: medication management.

4
How will
the corrective action(s) be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

Effective 11/13/2023, the DONW, or designee, will review all completed Service Plans to ensure that resident needs and
preferences including, but not limited to: medication management. This review will occur on a weekly basis for (4) weeks; if 100% compliance is met, the review will continue every (2) weeks
for (1) month; if 100% compliance is met, the review will continue every (1) month for (1) months. If 100% compliance is not met in the

	medications and have the resident sign a form after taking them. On 10/30/23 at 2:22 P.M., QMA 3 (Qualified Medication Aid) indicated the resident was supposed to be supervised when given medications to make sure he swallowed them and then he was to sign off he had received them. The QMA indicated signing he had received his medicines was important because when he forgot he had taken them, he would get angry and agitated so staff would show him where he signed his name to indicate he had gotten his medication. On 10/30/23 at 3:20 P.M., the Assistant Health and Wellness Director was interviewed. The resident had 3 little books- not organized, labeled, or completed. His signature following each medication administration was part of the resident record and provided proof the staff provided services per his service plan. Review of the books indicated the following dates, times, and signatures were missing for October 2023: 10/6, 10/9 (evening dose), 10/17 (evening dose), 10/18, 10/22, 10/24, 10/27, 10/28, and 10/29/23. A current facility policy, titled "Service/Care Plan" was provided on 10/30/23 at 3:33		noted frequency, the audit will resume to weekly which re-begins the previously noted review sequence. The Director of Nursing and Wellness, or designee, will report to the Community's Quality Assurance & Performance Improvement Committee and Executive Director updates until the QAPI Committee determines area is resolved. **5 By what date the systemic changes will be completed:** **systemic**changes will be in effect by 11/16/2023. The facility respectfully requests a paper compliance review.	

	P.M. by the Assistant Health and Wellness Director, which stated "A Service/Care Plan means the written plan between a resident or resident's designated representative and the community about the services that will be provided to the resident ...Silver Birch Cook Rd will implement and provide all services indicated in the service/care plan ...." This citation relates to Complaint IN00419864.			

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