STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/09/2021

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 IN00368202. Complaint IN00368202 - Substantiated. State deficiencies related to the allegations are cited at R0087. Survey date: December 9, 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 9, 2021.	R 0000	R 00087 POC attached.	
R 0087	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(b)(1-3) (b) The licensee shall provide the number of staff as required to carry out all the functions of the facility,	R 0087	Staff have been re-educated on resident rights and abuse. The employee involved in this investigation is no longer employed with Sliver Birch. The incident has been reported to the Adie registry.	12/22/2021

including the

following:

(1) Initial orientation of all employees.

(2) A continuing inservice education and training program for all employees.

(3) Provision of supervision for all employees.

Based on interview and record review the facility failed to ensure staff were supervised to prevent inappropriate relationship between staff and 1 of 3 residents reviewed. (Resident X)

Findings include:

In an interview on 12-9-2021 at 11:45 A.M., Resident Z indicated Resident X had a relationship with CNA 1. Residnet Z indicated Resident X had told him they had a REAL GOOD relationship and she would take Resident X to her home for overnight visits.

In an interview with Resident Y, he indicated he did not really know what was going on, but Residnet X indicated he and CNA 1 had a real good time.

A review of Residnet X's record indicated he had diagnoses includingMood disorder, Alcohol indiced disorder, and alcoholic

cirrhosis.

A review of Resident X's Service plan dated 11-20-21 indicated he demostrated inappropriate judgement, behavior and ability to function in social settings.

In an interview, the Administrator indicated CNA 1 had completed orientation and training regarding abuse.

A current policy dated 2-1-2020 provided by the Administrator on 12-9-2021 at 12:39 PM indicated employees are trained in what consitutes abuse, neglect, etc. The policy indicated to prevent abuse, staff would be supervised to identify inappropriate behaviors.

This state cu=itation is related to Complaint IN00368202

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE