

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 08/14/2026	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Intake 471223, 471276 and 471400. Intake 471223 - Deficiencies related to the allegations are cited at R151 and R240 Intake 471276- No deficiencies related to the allegations are cited . Intake 471400- Deficiencies related to the allegations are cited at R274 Survey date: August 14, 2026 Facility number: 014553 Residential Census: 113 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.	R 0000					
R 0151	Sanitation & Safety Standards -Noncompliance	R 0151	What corrective action(s) will be accomplished for those		08/21/2026		

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410 IAC 16.2-5-1.5(h)

(h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations.

Based on interview and record review the facility failed to ensure up-to-date rabies vaccines for resident pets for 5 of 5 resident pets reviewed. (Resident G, Resident H, Resident I, Resident J, and Resident K.)

Findings include:

A review of the pet vaccine book on 8/14/26 at 1:12pm indicated the following resident pets were late on their rabies vaccines with their last administered doses as follows:

Resident G - cat last annual rabies vaccine was documented as administered on 3/11/24

Resident H - cat last annual rabies vaccine was documented as administered on 5/20/24

Resident I - dog last annual rabies vaccine was documented as administered on 3/15/23

Resident J - cat last annual rabies vaccine was documented as administered on 7/31/24

Resident K - cat last annual rabies vaccine was documented

residents found to have been affected by the deficient practice?

It is the standard of Silver Birch Living that any pet housed in the facility shall have periodic veterinary examinations and required immunizations. All residents who have a pet will be asked to provide current vaccination and veterinary records. A binder will be kept by the Eligibility Coordinator with the vaccine/veterinary records. Each resident who has a pet will be provided with a reminder notice of the Lease addendum regarding maintaining current vaccine/veterinary records.

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 at Silver Birch have the potential to be affected by the alleged deficient practice. The Eligibility Coordinator will keep an on-going list of residents who have pets, and will keep the updated records in a binder when the residents provide them each time the animal gets vaccinated.

What measures will be put into place or what systemic change the facility will make to ensure that the deficient

as administered on 2/4/25

During an interview, on 8/14/26 at 12:14 p.m., the Senior Executive Director indicated none of the vaccines were up to date and indicated pet vaccines were an area for facility improvement.

A policy and procedure titled, Animal Lease Addendum, was provided on 8/14/26 at 2:46pm. The policy indicated ...5.b. The resident must ensure the animal is immunized against diseases common to that type of animal ...All vaccines must be current ...

This citation is related to Intake 471223.

practice does not recur?

The Eligibility Coordinator will provide on-going reminders to residents during Resident Council meetings to prove the Eligibility Coordinator with their animal's updated vaccination record. The Eligibility Coordinator will be responsible to gather the records for any new resident who moves in with an animal. The Eligibility Coordinator will be responsible for ensuring the accuracy of the Pet Vaccination Binder.

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

The Eligibility Coordinator or designee will audit the Pet Vaccination Binder once a week x four weeks, once a month for 3 months, then quarterly thereafter. The results of the audits will be reviewed at the monthly QAPI meetings to ensure 100% compliance.

By what date the systemic changes will be completed.

Systematic changes will be in effect by 9/4/26.

The facility respectfully requests paper compliance.

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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 record review and interview, facility failed to follow physician orders for 1 of 4 residents reviewed (Resident B). Findings include: Resident B's record review, on 8/14/25 at 9:20 a.m., indicated Resident B had a physician's order. dated 9/15/23, to complete monthly vital signs. Resident B's MAR, dated June 2026, contained no documentation of vitals. The vitals section of the medical record, dated June 2026, had no vital signs entered for June 2026. Resident B's MAR, dated July 2026, contained no documentation of vitals. The vitals section of the medical record, dated July 2026, had no vital signs entered for July 2026. During an interview, on 8/14/26 at 1:10 p.m., Qualified Medical Assitant (QMA) 2 indicated all	R 0240	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? It is the policy of Silver Birch to provide personal care and assistance with activities of daily living based on the individual needs and preferences of the resident, including following orders provided by the resident's physician. 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 who reside at Silver Birch Living have the potential to be affected by the alleged deficient practice. Each resident who has an order for monthly vital signs to be completed will have the vital signs taken and recorded each month per the physician's orders. What measures will be put into place or what systemic change the facility will make to ensure that the deficient practice does not recur? A whole-house audit will be completed to determine what residents have orders for monthly vital signs. The DONW	08/21/2026
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	vital signs were required to be recorded in the MAR when ordered and in the vitals tab of the medical record. No policy or procedure was provided regarding following physician orders at exit. This citation is related to Intake 471223.		will be responsible for completing the audit. The DONW will then be responsible to ensure that the vital signs for each resident who has orders for monthly monitoring is done each month and recorded in Point Click Care. The DONW will complete re-education with clinical staff on reviewing/completing physician orders. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The DONW or designee will complete an audit monthly for 6 months, then quarterly to ensure 100% compliance. The DONW will report the findings of the monthly audits during the monthly QAPI meetings. An action plan will be developed if 100% accuracy is not obtained. By what date the systemic changes will be completed. Systemic changes will be in effect by 9/4/26. The Facility respectfully requests paper compliance.	
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R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management.	R 0274	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? It is the policy of Silver Birch Living to operate an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation and meal service. 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 who reside at Silver Birch Living have the potential to be affected by the alleged deficient practice. The Culinary Manager will be enrolled in the online ServeSafe certification course and will maintain the certification, renewing as necessary. What measures will be put into place or what systemic change the facility will make to ensure that the deficient practice does not recur?	08/21/2026
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OMB NO. 0938-0391

(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.

(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

Based on record review and interview, the facility failed to ensure the kitchen manager was certified for food service management. 113 of 113 residents residing in the facility ate food prepared in the kitchen.

Findings include:

A report, reviewed on 8/14/26 at 8:16 a.m., indicated the facility did not have any certified food service managers in the kitchen employees.

Food service management certification records were requested from the Human Resources designee at 8:42 a.m. on 8/14/26.

No food management certifications were available for review.

During an interview, on 8/14/26 at 12:14 p.m., the Senior Executive Director indicated she was food management certified; however, she was not present in

The Culinary Manager will be in-serviced by the Executive Director on the regulations on Food and Nutrition Services.

The Culinary Manager will be responsible for completing the ServSafe certification and will keep it renewed as needed to maintain the certification. The Culinary Cooks will also complete the Safe Food Handler course to ensure they are knowledgeable in proper food handling, preparation and storage methods.

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

The Culinary Manager or designee will complete a monthly audit to ensure the ServSafe Certification is current each month for 6 months, then quarterly thereafter to ensure there are no gaps in certification dates. The Culinary Manager will report the findings of the audit during the monthly QAPI meetings.

By what date the systemic changes will be completed.

Systemic changes will be in effect by 9/11/26.

The facility respectfully requests paper compliance.

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the facility full time, and no other staff were certified. A policy, titled Person-in-Charge Culinary dated 12/2025, was provide on 8/14/26 at 2:46pm by the Executive Director. The policy indicated purpose to ensure food safety and reduce potential for foodborne illness by designating a Person-in-Charge (PIC) who is present and actively managing food safety practices during all hours of food operation ...11. Confirm that all food service employee are properly trained in food safety relevant to their duties ... This citation is related to Intake 471400.			
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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 SIGNATURENathan Jackson, HFA	TITLEExecutive Director	(X6) DATE08/31/2026
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