STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/26/2022

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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00379846. Complaint IN00379846- Unsubstantiated due to lack of evidence. Survey dates: May 23, 25, and 26, 2022. Facility number:,014553 Residential Census: 117 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 27, 2022	R 0000		
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in	R 0216	Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice.	06/17/2022

	the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. 2) Resident 5's record review began on 5/23/22 at 1:16 PM. The record indicated his last recorded weight of 92.4 lbs was on 5/20/21. 3) A record review for Resident 4, began on 5/23/22 at 11:46AM. The record indicated she did not have any weights recorded since 3/19/21. Her weight recorded was 128lbs. Resident 4 had an order for weights semiannually. 4) A record review for Resident 7 began on 5/23/22 at 12:26 PM. The record indicated the last weight recorded was on 1/20/21. The resident's weight ws 278.8lbs.		It is the policy of Silver Birch Living that all residents will be weighed upon admission and at least semiannually thereafter. All residents will have their weight taken and recorded on admission and if indicated by their condition or by physician order. A schedule will be developed and implemented by the Director of Nursing and Wellness to ensure completion and compliance. The results will be documented in the resident record. The DONW or designee will audit weights based upon new admission, change in condition or by physician order no later than semiannually after admission weight. These audits will occur for 6 months and/or until 100% compliance has been determined from QAPI meetings. (3x/week for the next 2 months, 2x/week for the following 2 months and 1x/week for 2months thereafter) Nursing staff will be re-educated on the policy on or before June 10th.	

	Resident 7 did not have an order for semiannual weights. 5) A record review for Resident 9 began on 5/25/22 at 9:10 AM, The record indicated there were no weights recorded for the resident since admission. Resident 9 did not have an order for semiannual weights. 6) A record review for Resident 10 began on 5/25/22 at 11:10 AM. The record indicated there were no weights recorded. Resident 10 did not have a physician order for weights to be taken. Weight documentation was requested on 5/25/22 at 11:32 AM, as well as any progress notes regarding refusals of weights. A weight summary report was provided by DON on 5/26/22 at 4:30PM. The report indicated no data was available for review. An interview with the Regional Nurse Consultant, on 5/26/22 at 2:42 PM, indicated there were no weights completed. An interview with the Administrator, on 5/26/22 at 4:27 PM, indicated the residents did not have physician orders for weights, so they were not completed. A policy received from		Systematic changes will be in effect by 6/17/22 The facility respectfully requests paper compliance.	

	Administrator on 5/26/22 at 3:15PM titled Weight Monitoring Policy, policy number APC 12-29, effective date 2/24/20 .... all residents will be weighed upon admission and at least semiannually thereafter ...A schedule will be developed and implemented by DON (Director of Nursing) to ensure completion and compliance. The results will be documented in the resident record .... Licensed nurse or DON will discuss with residents that refuse the obligation the community has to follow regulations, physician orders, and/or established policies. The discussion will be documented in the progress notes with the resident's response. Based on interview and record review, the facility failed to assess, document, and monitor weights semiannually for 6 of 6 residents reviewed. (Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) Findings include: 1. Resident 6's record was reviewed on 5/26/22 at 12:06 PM. Resident 6's diagnoses included type 2 diabetes mellitus, essential hypertension, major depression disorder, recurrent, unspecified, anxiety disorder, unspecified.			

	Resident 6's record did not include documentation of Resident 6's weight after 5/20/21. Resident 6's record had a most recent documented weight of 255.4 pounds dated 5/20/21. Resident 6's record did not include an order for weights. 2) Resident 5's record review began on 5/23/22 at 1:16 PM. The record indicated his last recorded weight of 92.4 lbs was on 5/20/21. 3) A record review for Resident 4, began on 5/23/22 at 11:46AM. The record indicated she did not have any weights recorded since 3/19/21. Her weight recorded was 128lbs. Resident 4 had an order for weights semiannually. 4) A record review for Resident 7 began on 5/23/22 at 12:26 PM. The record indicated the last weight recorded was on 1/20/21. The resident's weight ws 278.8lbs. Resident 7 did not have an order for semiannual weights. 5) A record review for Resident 9 began on 5/25/22 at 9:10 AM, The record indicated there were no weights recorded for the resident since admission. Resident 9 did not have an			

order for semiannual weights.

6) A record review for Resident 10 began on 5/25/22 at 11:10 AM. The record indicated there were no weights recorded.

Resident 10 did not have a physician order for weights to be taken.

Weight documentation was requested on 5/25/22 at 11:32 AM, as well as any progress notes regarding refusals of weights. A weight summary report was provided by DON on 5/26/22 at 4:30PM. The report indicated no data was available for review.

An interview with the Regional Nurse Consultant, on 5/26/22 at 2:42 PM, indicated there were no weights completed.

An interview with the Administrator, on 5/26/22 at 4:27 PM, indicated the residents did not have physician orders for weights, so they were not completed.

A policy received from Administrator on 5/26/22 at 3:15PM titled Weight Monitoring Policy, policy number APC 12-29, effective date 2/24/20 .... all residents will be weighed upon admission and at least semiannually thereafter ...A schedule will be developed and implemented by DON (Director of Nursing) to ensure

	completion and compliance. The results will be documented in the resident record .... Licensed nurse or DON will discuss with residents that refuse the obligation the community has to follow regulations, physician orders, and/or established policies. The discussion will be documented in the progress notes with the resident's response. Based on interview and record review, the facility failed to assess, document, and monitor weights semiannually for 6 of 6 residents reviewed. (Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) Findings include: 1. Resident 6's record was reviewed on 5/26/22 at 12:06 PM. Resident 6's diagnoses included type 2 diabetes mellitus, essential hypertension, major depression disorder, recurrent, unspecified, anxiety disorder, unspecified. Resident 6's record did not include documentation of Resident 6's weight after 5/20/21. Resident 6's record had a most recent documented weight of 255.4 pounds dated 5/20/21.			

	Resident 6's record did not include an order for weights. 2) Resident 5's record review began on 5/23/22 at 1:16 PM. The record indicated his last recorded weight of 92.4 lbs was on 5/20/21. 3) A record review for Resident 4, began on 5/23/22 at 11:46AM. The record indicated she did not have any weights recorded since 3/19/21. Her weight recorded was 128lbs. Resident 4 had an order for weights semiannually. 4) A record review for Resident 7 began on 5/23/22 at 12:26 PM. The record indicated the last weight recorded was on 1/20/21. The resident's weight ws 278.8lbs. Resident 7 did not have an order for semiannual weights. 5) A record review for Resident 9 began on 5/25/22 at 9:10 AM, The record indicated there were no weights recorded for the resident since admission. Resident 9 did not have an order for semiannual weights. 6) A record review for Resident 10 began on 5/25/22 at 11:10 AM. The record indicated there were no weights recorded. Resident 10 did not have a physician order for weights to be			

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	4, began on 5/23/22 at 11:46AM. The record indicated she did not have any weights recorded since 3/19/21. Her weight recorded was 128lbs. Resident 4 had an order for weights semiannually. 4) A record review for Resident 7 began on 5/23/22 at 12:26 PM. The record indicated the last weight recorded was on 1/20/21. The resident's weight ws 278.8lbs. Resident 7 did not have an order for semiannual weights. 5) A record review for Resident 9 began on 5/25/22 at 9:10 AM, The record indicated there were no weights recorded for the resident since admission. Resident 9 did not have an order for semiannual weights. 6) A record review for Resident 10 began on 5/25/22 at 11:10 AM. The record indicated there were no weights recorded. Resident 10 did not have a physician order for weights to be taken. Weight documentation was requested on 5/25/22 at 11:32 AM, as well as any progress notes regarding refusals of weights. A weight summary report was provided by DON on 5/26/22 at 4:30PM. The report indicated no data was available			

	for review. An interview with the Regional Nurse Consultant, on 5/26/22 at 2:42 PM, indicated there were no weights completed. An interview with the Administrator, on 5/26/22 at 4:27 PM, indicated the residents did not have physician orders for weights, so they were not completed. A policy received from Administrator on 5/26/22 at 3:15PM titled Weight Monitoring Policy, policy number APC 12-29, effective date 2/24/20 .... all residents will be weighed upon admission and at least semiannually thereafter ...A schedule will be developed and implemented by DON (Director of Nursing) to ensure completion and compliance. The results will be documented in the resident record .... Licensed nurse or DON will discuss with residents that refuse the obligation the community has to follow regulations, physician orders, and/or established policies. The discussion will be documented in the progress notes with the resident's response. Based on interview and record review, the facility failed to assess, document, and monitor weights semiannually for 6 of 6 residents reviewed. (Resident 2,			

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R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope;	R 0217	Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice. It is the policy of Silver Birch Living that each resident will have a service plan that is developed based on initial Level of Service Assessment/Evaluation, quarterly evaluation reviews and/or changes in resident needs. The DONW or designee	06/18/2022

	(B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.		will review the service plan with the resident, make changes if needed, and both parties will sign and date after review. New service plans will be generated only if warranted at quarterly reviews and annually. The DONW or designee will audit care plans for 6 months and/or until 100% compliance has been determined from QAPI meetings. (3x/week for the next 2 months, 2x/week for the following 2 months and 1x/week for 2months thereafter) Nursing staff will be re-educated on the policy on or before 6/12/22 Systematic changes will be in effect by 6/17/2022 The facility respectfully requests paper compliance.	

Based on interview and record review, the facility failed to ensure service plans were signed and dated by the resident or appropriate representative every 6 months for 4 of 6 residents reviewed. (Resident 4, Resident 5, Resident 6, and Resident 7)

Findings include:

1.Resident 6's record was reviewed on 5/26/22 at 12:06 PM. Resident 6's diagnoses included type 2 diabetes mellitus, essential hypertension, major depression disorder, recurrent, unspecified, anxiety disorder, unspecified.

A service plan for Resident 6 was completed on 10/7/2021. A physical copy of the document was provided by the facility as the most current service plan for Resident 6. The document was signed with Resident 6's name in signature form but was not dated.

A service plan, located in Resident 6's chart, was completed on 2/8/2022. The document did not contain a signature of the resident or responsible party and was not dated.

In an interview on 5/26/22 at 10:37 AM, Resident 6 indicated that she had never been included in a care plan meeting.

	2) A record review, on 5/23/22 at 11:46 AM, indicated Resident 4 had a POA (Power of Attorney). Resident's rights paperwork was obtained from Administrator on 5/26/22 at 4:27 PM were signed by POA on 10/12/20. POA paperwork was not provided by facility. Resident 4's service plan provided by DON on 5/26/22 at 2:42 PM was signed and dated on 3/26/21. 3) A record review, on 5/23/22 at 1:16PM, indicated Resident 5's service plan was signed but was not dated. 4) A record review, on 5/26/22 at 11:10 AM, indicated Resident 7's service plan had a signature but no date. The most recent dated service plan was dated 10/7/21. A policy was received by Administrator on 5/26/22 at 4:27PM, titled Service Plan, policy number APC 12-09 with revision date of 6/15/18 and 1/31/2. ...Each resident will have a service plan that is developed based on initial Level of Service Assessment/Evaluation, quarterly evaluation reviews and/or changes in resident needs ...The designee will review the service plan with the resident, make changes if needed and both parties with sign and date after review			

Based on interview and record review, the facility failed to ensure service plans were signed and dated by the resident or appropriate representative every 6 months for 4 of 6 residents reviewed. (Resident 4, Resident 5, Resident 6, and Resident 7)

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Based on interview and record review, the facility failed to ensure service plans were signed and dated by the resident or appropriate representative every 6 months for 4 of 6 residents reviewed. (Resident 4, Resident 5, Resident 6, and Resident 7)

Findings include:

1.Resident 6's record was reviewed on 5/26/22 at 12:06 PM. Resident 6's diagnoses included type 2 diabetes mellitus, essential hypertension, major depression disorder, recurrent, unspecified, anxiety disorder, unspecified.

A service plan for Resident 6 was completed on 10/7/2021. A physical copy of the document was provided by the facility as the most current service plan for Resident 6. The document was signed with Resident 6's name in signature form but was not dated.

A service plan, located in Resident 6's chart, was completed on 2/8/2022. The document did not contain a signature of the resident or responsible party and was not dated.

In an interview on 5/26/22 at 10:37 AM, Resident 6 indicated that she had never been included in a care plan meeting.

	2) A record review, on 5/23/22 at 11:46 AM, indicated Resident 4 had a POA (Power of Attorney). Resident's rights paperwork was obtained from Administrator on 5/26/22 at 4:27 PM were signed by POA on 10/12/20. POA paperwork was not provided by facility. Resident 4's service plan provided by DON on 5/26/22 at 2:42 PM was signed and dated on 3/26/21. 3) A record review, on 5/23/22 at 1:16PM, indicated Resident 5's service plan was signed but was not dated. 4) A record review, on 5/26/22 at 11:10 AM, indicated Resident 7's service plan had a signature but no date. The most recent dated service plan was dated 10/7/21. A policy was received by Administrator on 5/26/22 at 4:27PM, titled Service Plan, policy number APC 12-09 with revision date of 6/15/18 and 1/31/2. ...Each resident will have a service plan that is developed based on initial Level of Service Assessment/Evaluation, quarterly evaluation reviews and/or changes in resident needs ...The designee will review the service plan with the resident, make changes if needed and both parties with sign and date after review			

Based on interview and record review, the facility failed to ensure service plans were signed and dated by the resident or appropriate representative every 6 months for 4 of 6 residents reviewed. (Resident 4, Resident 5, Resident 6, and Resident 7)

Findings include:

1.Resident 6's record was reviewed on 5/26/22 at 12:06 PM. Resident 6's diagnoses included type 2 diabetes mellitus, essential hypertension, major depression disorder, recurrent, unspecified, anxiety disorder, unspecified.

A service plan for Resident 6 was completed on 10/7/2021. A physical copy of the document was provided by the facility as the most current service plan for Resident 6. The document was signed with Resident 6's name in signature form but was not dated.

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R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observations, interviews and record reviews the facility failed to ensure sanitary conditions, safe food temperatures, and proper labeling of food. 117 of 117 residents residing in the facility ate food prepared in the kitchen. Finding include: An observation, on 5/23/22 at 9:04AM, indicated two dietary aids were without hair nets, food crumbs were observed on the floor under appliances, and on lower shelves throughout the kitchen. No test strips were available to ensure strength of sanitizer, no temps recorded for the wlk in cooler on 31 out of 49 document opportunities, 4 items in walk in refrigerator were labeled past 72hr, and 3 items in serving refridgerator were not dated or labeled. An interview with Cook 3 on 5/23/22 at 10:06am indicated food should only be kept for 3 days. Cook 3 disposed of	R 0273	Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice. It is the Dietary Hygiene policy of Silver Birch Living that hairnets are worn in a manner that prevents all exposed hair from contacting food. Food will be stored, labeled and discarded per State regulations. Dietary staff will continue to follow the current cleaning schedule, including use of sanitizer tests strips. Test strips are now in use, Silverware is washed twice, using individual silverware caddy’s, the cleaning schedule is being followed and masks and hairnets are worn appropriately. Dietary staff will be in-serviced regarding these policies and procedures for by Culinary Manager and/or Administrator on or before 6/12/22. Culinary Manager or designee will audit the use of these practices for 6 months and/or until 100% compliance has been determined from QAPI meetings. (3x/week for the next 2 months,	06/17/2022

	spaghetti sauce dated 5/11/22, pears dated 5/13/22, chicken alfredo daated 5/13 and undated wedding soup labeled as meatballs without a date. Cook 3 indicated all food must be labeled and dated. Cook 3 then labeled apple juice, milk and fruit cocktail juice in the serving refridgerator. Each item had not been in it's original container. Cook 3 indicated they had test strips for sanitizing solution but could not find a replacement bottle. Cook 3 indicated that all cold and hot foods were to be tempted and recorded on all shifts everyday. An interview with the Dining Services Director on 5/23/22 at 10:46 AM, indicated she did not have a cleaning schedule. the Dining Services Director indicated the test strips repeatedly get dropped into water and ruined, so had not been replaced. A dining room observation on 5/23/22 at 11:30 AM indicated 4 of 6 place settings were set with dirty silverware. The silcerware was observed to have food substance debris remaining on the silverware. On 5/25/22 at 2:49 PM the Administator provided a policy titled "Dietary Employee Hygiene" with a revision date of 5/2/18 indicated ....6. Employees must keep hair from		2x/week for the following 2 months and 1x/week for 2months thereafter) Systematic changes will be in effect by 6/17/2022 The facility respectfully requests paper compliance.	

contacting exposed food, clean equipment, utensils, and linens. Exposed hair must be covered with hairnet, hat, beard net. Etc.

Another policy received on 5/25/22 at 2:49 from Administrator titled "Food Temperatures" indicaed ....3. Record reading on Food Temperature Chart at beginning of the service line and end of the service line. .....10. Maintain food temperature records from survey to survey (1 year) ....

Based on observations, interviews and record reviews the facility failed to ensure sanitary conditions, safe food temperatures, and proper labeling of food. 117 of 117 residents residing in the facility ate food prepared in the kitchen.

Finding include:

An observation, on 5/23/22 at 9:04AM, indicated two dietary aids were without hair nets, food crumbs were observed on the floor under appliances, and on lower shelves throughout the kitchen. No test strips were available to ensure strength of sanitizer, no temps recorded for the wlk in cooler on 31 out of 49 document opportunities, 4 items in walk in refrigerator were labeled past 72hr, and 3 items in serving refridgerator were not dated or labeled.

An interview with Cook 3 on

	5/23/22 at 10:06am indicated food should only be kept for 3 days. Cook 3 disposed of spaghetti sauce dated 5/11/22, pears dated 5/13/22, chicken alfredo daated 5/13 and undated wedding soup labeled as meatballs without a date. Cook 3 indicated all food must be labeled and dated. Cook 3 then labeled apple juice, milk and fruit cocktail juice in the serving refridgerator. Each item had not been in it's original container. Cook 3 indicated they had test strips for sanitizing solution but could not find a replacement bottle. Cook 3 indicated that all cold and hot foods were to be tempted and recorded on all shifts everyday. An interview with the Dining Services Director on 5/23/22 at 10:46 AM, indicated she did not have a cleaning schedule. the Dining Services Director indicated the test strips repeatedly get dropped into water and ruined, so had not been replaced. A dining room observation on 5/23/22 at 11:30 AM indicated 4 of 6 place settings were set with dirty silverware. The silcerware was observed to have food substance debris remaining on the silverware. On 5/25/22 at 2:49 PM the Administator provided a policy titled "Dietary Employee			

	Hygiene" with a revision date of 5/2/18 indicated ....6. Employees must keep hair from contacting exposed food, clean equipment, utensils, and linens. Exposed hair must be covered with hairnet, hat, beard net. Etc. Another policy received on 5/25/22 at 2:49 from Administrator titled "Food Temperatures" indicaed ....3. Record reading on Food Temperature Chart at beginning of the service line and end of the service line. .....10. Maintain food temperature records from survey to survey (1 year)			
R 0275	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(h) (h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires. Based on record review and interview the facility failed to ensure residents had a diet ordered by the physician and updated as needs changed for 3 of 6 residents reviewed. (Resident 5, Resident 10 and Resident 9) Findings include: 1) A record review for Resident 5, on 5/23/22 at 1:16 PM, indicated a physician order for	R 0275	Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice. Diet orders shall be reviewed and revised by the physician as the resident 's condition requires. All residents' dietary orders were put in and/or updated on 6/1/2022. All Dietary orders will be put in the day of admission and revised by the physician as the resdients condition requires. Audits will be conducted on all	06/17/2022

	regular diet on admission. The diet was not updated or addressed after a recorded weight loss of 10%. 2) A record review for Resident 10, on 5/25/22 at 11:10 AM, indicated there was no physician order for a diet. 3) A record review for Resident 9, on 5/25/22 at 9:10 AM, indicated there was no physician order for a diet. An interview with DON on 5/26/22 at 2:06 PM, indicated the entire facility diets are all regular they had no special diet. The DON indicated there were mechanically altered, low sodium and diabetic diets within facility. An interview with Administrator on 5/26/22 at 4:27 PM, indicated they did not have a policy regarding diet orders. Based on record review and interview the facility failed to ensure residents had a diet ordered by the physician and updated as needs changed for 3 of 6 residents reviewed. (Resident 5, Resident 10 and Resident 9) Findings include: 1) A record review for Resident 5, on 5/23/22 at 1:16 PM, indicated a physician order for regular diet on admission. The		new admissions or readmissions. Audits will be discussed at monthly QAPI meetings The facility respectfully requests paper compliance.	

	diet was not updated or addressed after a recorded weight loss of 10%. 2) A record review for Resident 10, on 5/25/22 at 11:10 AM, indicated there was no physician order for a diet. 3) A record review for Resident 9, on 5/25/22 at 9:10 AM, indicated there was no physician order for a diet. An interview with DON on 5/26/22 at 2:06 PM, indicated the entire facility diets are all regular they had no special diet. The DON indicated there were mechanically altered, low sodium and diabetic diets within facility. An interview with Administrator on 5/26/22 at 4:27 PM, indicated they did not have a policy regarding diet orders.			

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