STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/13/2026

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 Intake 467331. Intake 467379 - State deficiencies related to the allegations are cited at R0273. Survey date: Feburary 13, 2026 Facility number: 014553 Residential Census: 111 This State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed February 16, 2026	R 0000		
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	R 0273	**R273- Food and Nutritional Services**	03/06/2026

	sanitation and safe food handling standards, including 410 IAC 7-24. Based on interview, observation and record review the facility failed to follow sanitation methods to maintain a clean environment in the kitchen. 111 of 111 residents who resided in the facility received food prepared in the kitchen. Findings include: During an observation on, 2/13/26 at 10:12 AM, in the kitchen, the grill was coated in charred black debris, dime sized crumbs and dried macaroni were observed at the base of the front 2 grill plates and around the grill. There were patches of quarter sized black dried debris on all 4 stove plates. In an interview, on 2/13/25 at 10:12 AM, the CM indicated the stove and grill were cleaned after each use and at the end of the shift. The CM indicated there should be no debris nor dried food on the stove nor grill plates/area. The CM indicated the grill was scrubbed daily and deep cleaned as needed. The CM indicated a cleaning checklist was completed. The CM indicated she was unable to find any completed cleaning checklist documentation.		**What corrective action will be accomplished for those residents found to have been affected by the deficient practice;** The facility will follow sanitation methods to maintain a clean environment in the kitchen. **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 have the potential to be affected by the alleged deficiency. The grill has been thoroughly cleaned; a sanitation checklist was implemented for daily cleaning assignments to be completed in the kitchen. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** An in-service with all Dietary staff was completed on proper cleaning of the kitchen, including the equipment. Daily sanitation checklists were implemented and will be turned into the Culinary Manager. The Culinary Manager or designee will complete weekly sanitation checks to ensure daily cleaning is completed. A QAPI audit tool has been created to audit	

	In an interview, on 2/13/26 at 10:15 AM, Dietary Aide 2 indicated he cleaned the stove as needed during cooking. Dietary Aide 2 indicated he did not complete a cleaning checklist. Dietary Aide 2 indicated he was unaware of the black debris nor dried food on the stove. Dietary Aide 2 indicated he was also unaware of the charred food on the grill nor the macaroni or debris around the grill. Dietary Aide 2 indicated there should not be any dried food nor debris on or around the stove or grill. A blank cleaning checklist was provided by the CM on 2/13/26 at 10:30 AM. The checklist indicated daily tasks after each meal included cleaning the stove top, flat top/catch tray, and throwing the grease out of the catch tray. The CM indicated there was no record of completed checklist. In an interview on, 2/13/26 at 10:59 AM, the Administrator indicated 111 of 111 residents received food from the kitchen. A current policy, last revised 1/2020, titled Dietary cleaning, indicated all equipment, food contact surfaces, and utensils shall be cleaned after each use and documentation of the cleaning must be maintained. This citation relates to Intake		compliance with the plan of correction. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** The QAPI audit tool will be reviewed by the Culinary Manager/Designee weekly for 3 months, monthly for 3 months and quarterly thereafter. Issues will be addressed immediately and reviewed during monthly QA. **What date will the systemic**	

	467331.			

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	TITLEExecutive Director	(X6) DATE03/05/2026