

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 08/03/2026	
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 Intakes 470788 and 470918. Intake 470788 - No deficiencies related to the allegations are cited. Intake 470918 - State deficiencies related to the allegations are cited at R0039 and R0273. Survey date: August 3, 2026 Facility number: 014553 Residential Census: 115 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 5, 2026	R 0000					

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R 0039	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(n) (n) Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference. Based on interview and record review, the facility failed to ensure written grievances were investigated and timely response provided to 6 of 7 residents reviewed with grievances (Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G). Findings Include: On 8/3/26 at 10:49 A.M., the Resident Council President was interviewed. She indicated staff do not provide written responses to written grievances or grievances voiced during Resident Council meetings. The resident indicated dietary concerns had been voiced by residents at the June 15, 2026 meeting. Copies of the concerns were given to the Administrator and Dietary Manager. There was no response provided by the Administrator or Dietary Manager and concern with	R 0039	R039 Resident's Rights-Deficiency <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</u> All residents have the potential to be affected by the alleged deficient practice. It is the policy of Silver Birch Living that residents may voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure and receive reasonable responses to their requests without fear of reprisal or interference. <u>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:</u> All residents have the potential to be affected by the alleged deficient practice. The Executive Director will follow the company policy regarding grievance forms to ensure the proper follow-up and resolution with the resident. <u>What measures will be put into place or what systemic changes the facility will make</u>	08/21/2026
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dietary issues continued. When asked, the resident indicated she and other residents were discouraged from writing formal grievances. They were asked to verbally report concerns to the Administrator who would address the grievance with the department involved. She indicated there had been several dietary concerns brought up during July's 2026 meeting. The Dietary Manager and Administrator were invited to the meeting but neither attended. Copies of the July 2026 resident council meeting minutes were given to the Administrator and Dietary Manager but there had been no verbal or written response received.

Grievance forms, dated June 2026, were provided on 8/3/26 at 12:05 P.M., by the Senior Executive Director. There were 6 written grievances reported in June and no grievance forms written for the month of July 2026.

On 8/3/26 at 12:10 P.M., the Senior Executive Director (ED) was interviewed. She indicated the facility's grievance procedure was part of the resident's admission packet. Upon admission, each resident was given a copy of the grievance procedure. Written grievance/complaint forms were

to ensure that the deficient practice does not recur:

-ED or designee will document on a monthly grievance log date of grievance, resident name & brief description of Grievance or incident and date of completion of investigation for all grievance received.

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

ED or designee will audit grievance log weekly x 4 weeks, then monthly x 3 months, and then quarterly on an ongoing basis and will review in monthly QAPI meeting monthly x 6 months or until 100% compliance noted for three consecutive months.

review findings during monthly QAPI meetings.

By what date the systemic changes will be completed:

Systematic changes will be in effect by 8-21-26

The Facility respectfully requests paper compliance.

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to be investigated and response given to the person voicing the concern. The ED provided copies of 6 written grievance forms for June 2026. None of the grievance forms indicated investigation of the grievance was completed, action taken as a result of the investigation, or date the person voicing the grievance was notified of the results of investigation.

A grievance filed by Resident B, dated 6/4/26 and 6/16/26, were concerns related to running out of medications and poor wifi reception in their room.

A grievance filed by Resident C, dated 6/15/26, were concerns related to dietary services.

A grievance filed by Resident D, dated 6/17/26, was a concern of missing food items from their room.

A grievance filed by Resident E, dated 6/18/26, was regarding medications being given too late.

A grievance filed by Resident F, dated 6/20/26, alleged residents were using illegal substances on facility grounds.

A grievance filed by Resident G, dated 6/20/26, alleged residents were using illegal substances on facility grounds.

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	A copy of the facility's undated grievance procedure was provided by the ED on 8/3/26 at 12:05 P.M. The grievance procedure indicated the Executive Director was to ensure, upon receipt of a grievance, a comprehensive investigation of the matter was conducted, corrective action taken, and results reported to the resident within 10 days of filing the grievance. This Citation relates to Intake 470918.			
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 observation, interview, and record review, the facility failed to ensure staff wore hair restraints effectively to keep hair from contacting food and equipment. 115 of 115 residents residing at the facility received meals from the kitchen. Findings include:	R 0273	R273 Food and nutritional services-Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All residents have the potential to be affected by the alleged deficient practice. It is the practice of Silver Birch Living to ensure all food preparation and serving areas maintain in accordance with state and local sanitation and safe food handling standards. How the facility will identify other residents having the potential to be affected by the same deficient practice and what	08/06/2026

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FORM APPROVED

OMB NO. 0938-0391

On 8/3/26, Dietary Aides were observed:

-At 10:04 A.M., Dietary Aide 5 was setting tables out in the dining room. The aide wore a scarf over her head but her bangs were not covered and hung down across her forehead.

-At 10:08 A.M., Dietary Aide 7 was moving pans of uncovered cakes around on a shelf. She wore a white hair restraint that didn't completely cover her hair. Her bangs, hair on side of face and back of neck was not covered by the white hair restraint.

-At 10:12 A.M., Dietary Aide 9 was wearing a white hair restraint. The hair restraint did not cover her bangs or back of head hair.

Interviews of Dietary Aides, completed on 8/3/26, indicated:

- At 10:04 A.M., Dietary Aide 5 indicated the kitchen had recently run out of the hair covers but new ones had been purchased. She pointed to an empty wall rack where she indicated hair nets were usually kept so dietary aides or other staff could put on before going into the kitchen. She indicated non-dietary staff would go into the kitchen while food was being prepared and would not put on a hair net. Several residents had

corrective action will be taken:

All residents have the potential to be affected by the alleged deficient practice.

The Culinary Manager will monitor the culinary staff to ensure hair coverings are being worn at all times in the kitchen, and all hair is covered to prevent it from contacting food, clean surfaces, utensils, etc.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

All Culinary staff in-serviced on regulation related to hair coverings for food handlers.

The Culinary Manager or designee will do visual checks at minimum three times weekly x 6 months and document findings in audit tool to ensure all staff wearing appropriate hair covering with all hair contained. Results will be discussed at the monthly QAPI meeting.

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

The Culinary Manager or designee will do visual checks at minimum three times weekly

complained to her about this practice and she reported it to the Dietary Manager.

-At 10:08 A.M., Dietary Aide 7 indicated she purchased her own hair coverings because the facility had run out and the new hair nets didn't contain her hair.

On 8/3/26 at 10:40 A.M., the Resident Council President was interviewed. She indicated residents had voiced several complaints about staff not wearing hair and beard restraints while working in the kitchen with food. Several residents, who ate in the dining room were able to see into the kitchen while food was being served. They witnessed dietary staff, on multiple occasions, either without hair restraints on or hair restraints on but not covering all their hair. Several non-dietary staff would go into the kitchen while food was being served and not wear hair restraints. She indicated a resident had complained of finding hair in her food at one of their recent resident council meetings. She indicated she had spoken with the Administrator and Dietary Manager on multiple occasions about the concern, provided both with written grievances, and provided copies of resident council meeting minutes. The Administrator and Dietary

x 6 months and document findings in audit tool to ensure all staff wearing appropriate hair covering with all hair contained. Results will be discussed at the monthly QAPI meeting.

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Manager had been invited to resident council meetings but declined to attend. There had been no verbal or written response received for the concerns. She indicated she had spoken to the Dietary Manager who was always observed not wearing a hair restraint while working or walking through the kitchen to her office. She alleged the Dietary Manager indicated she didn't have to wear a hair restraint and wasn't going to.

On 8/3/26 at 12:10 P.M., the Senior Executive Director (ED) was interviewed. Neither the Administrator nor Dietary Manager were available for interview. The Senior Executive Director indicated the facility had no specific policy for use of hair restraints however, staff were expected to follow the Indiana Department of Health's Retail Food Establishment Sanitation Requirements. The requirements indicated...410 Indiana Administrative Code (IAC) 7-26-151 Effectiveness of hair restraint: Sec. 151. (a) Food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, designed and worn to effectively keep their hair from contacting: (1) exposed food; (2) clean equipment, utensils, and linens;

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and (3) unwrapped
single-service and single-use
articles.

This Citation relates to Intake
470918.

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) DATE08/25/2026
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