PRINTED: 12/27/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) I			(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
			B. WING 11/			11/18/	2022
				CTREET A	DDDECC CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
SILVED E	DIDCH OF EVANOV	///			GOVERNOR STREET		
SILVER BIRCH OF EVANSVILLE				EVANS	VILLE, IN 47713		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	re	COMPLETION
TAG				TAG	DEFICIENCY)		DATE
R 0000							
Bldg. 00							
	This visit was for th	e Investigation of Complaints	R 00	000			
	IN00391999, IN00389458, IN00389366, IN00388900,						
	IN00388446, IN003	387654, and IN00385445.					
	Complaint IN00387	654 - Unsubstantiated due to					
	lack of evidence.						
	Complaint IN00391	999 - Substantiated. State					
	deficiencies related to the allegations are cited at						
	R297 and R349.						
	Complaint IN00389	458 - Substantiated. State					
	deficiencies related	to the allegations are cited at					
	R297 and R349.						
	Complaint IN00389	366 - Substantiated. State					
	deficiencies related	to the allegations are cited at					
	R297 and R349.						
	Complaint IN00388	3900 - Substantiated. State					
	deficiencies related	to the allegations are cited at					
	R297 and R349.						
	Complaint IN00388	446 - Unsubstantiated due to					
	lack of evidence.						
	Complaint IN00385	445 - Substantiated. State					
	deficiencies related	to the allegations are cited at					
	R297 and R349.						
	Survey dates: Nove	mber 15, 16, 18, 2022					
	Facility number: 01	4238					
	Residential Census:	104					
	TI CL. D. II	2: 1 6° 12° 22 13°					
	i nese State Kesiden	ntial findings are cited in					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Piper Bakrevski Senior Clinical Advisor 12/19/2022

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 12/27/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY  COMPLETED  11/18/2022		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713			
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	accordance with 410 Quality review com	0 IAC 16.2-5. pleted November 29, 2022.				
R 0297	410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance					
Bldg. 00	Pharmaceutical So (c) If the facility co administers medic facility shall do the (1) Make arranger pharmaceutical se provide residents in accordance with Based on record revialled to provide phavailability of medical pharmaceutical se provide residents of the facility of medical pharmaceutical se provide phavailability of medical pharmaceutical section of the facility of medical pharmaceutical section of the facility of the fa	ervices - Noncompliance ntrols, handles, and ations for a resident, the e following for that resident: ments to ensure that ervices are available to with prescribed medications in applicable laws of Indiana. riew and interview, the facility armacy services for continued cations for 7 of 8 residents ation administration. (Resident dent H, Resident J, Resident F, int E)  cal record was reviewed on m The diagnoses included, I to, hypertension, dementia, sorder, chronic pain, low back  2 MAR (Medication ord) indicated the following	R 0297	R0297 – Pharmaceutical Services – Non-compliance  What corrective action will be accomplished for those residents found to have bee affected by the deficient practice; Resident B: Medication administration is being monite and any missed doses are addressed at the time of discontant Resident C: Medication administration is being monite and any missed doses are addressed at the time of discontant Resident D: no longer resident D: no longer resident E: no longer resides at the community Resident F: Medication administration is being monite and any missed doses are addressed at	n ored overy ored overy sides	
	time a day, ordered	on 8/26/22, was not 4/22. The MAR indicated the		the time of discovery Resident H: Medication administration is being monitor	pred	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
			B. W	NG		11/18/	/2022
				CEDECE	ADDRESS OF A STATE OF SOR	<u> </u>	
NAME OF F	ROVIDER OR SUPPLIEF	3			ADDRESS, CITY, STATE, ZIP COD		
011.VED 1	DIBOULOE EVANOV	.m. i.e.	475 S GOVERNOR STREET				
SILVER	SILVER BIRCH OF EVANSVILLE			EVANS	VILLE, IN 47713		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DDOVIDED'S DI AN OF CODDECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TC	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	16	DATE
	Calcium Carbonate Vitamin D (vitamin) 600/400				and any missed doses are		
	units, two times a d	lay, ordered on 8/20/21, was			addressed at the time of disco	very	
	not administered in	the morning on 9/24/22. The			Resident J: Medication	,	
		medication was not available.			administration is being monitor	red	
					and any missed doses are		
	The October 2022 I	MAR indicated the following			addressed at the time of disco	verv	
	medications were n				How the facility will identify	,	
					other residents having the		
	Amitriptlyine HCL	25 mg (milligrams), ordered			potential to be affected by th	е	
	6/21/21, was not administered on 10/2/22 and				same deficient practice and		
	10/30/22. The MAR indicated the medication was				what corrective action will be	)	
	not available.				taken;		
	not available.				All current residents residing a	ıt	
	On 11/18/22 at 11:15 a.m., Resident B was				Silver Birch of Evansville have		
		dicated the facility had a new			potential to be affected by the		
		e timeliness of the medication			alleged deficient practice.		
		was better than it had been.			The community now receives		
	,				pharmacy services from Exten	ided	
	2. Resident C's clin	ical record was reviewed on			Pharmacy #2. Medications are		
		m. The diagnoses included, but			packaged by the pharmacy an		
	_	Diabetes Mellitus, seizures,			delivered in dose packs every		
	and hypertension.	, ,			weeks. This is known as "cycle		
	J1				fill."		
	The medication adr	ninistration record was not			Pharmacy personnel provided		
		drug ordered as follows:			education for nurses and QMA		
	1	5			on cycle fill and communicatio		
	The August 2022 M	MAR indicated the following			with the pharmacy on October		
	medications were n				2022.	,	
					What measures will be put in	to	
	Calcitriol (vitamin)	0.25 mg every Monday,			place or what systemic		
		riday, ordered on 6/18/21. The			changes the facility will make	e	
	-	medication was not available			to ensure that the deficient	_	
	on 8/22/22. The M	AR indicated on 8/31/22 the			practice does not recur;		
	medication was not administered for other reasons				The Director of Nursing &		
	and to see progress notes. No progress notes				Wellness (DONW) or designed	e will	
		ted to the medication not being			audit cycle fill every 2 weeks for		
	administered.				months, then 1 time monthly for		
					months, then randomly for 3	0	
	Dicyclomine (a med	dication used to treat intestinal			months for missing medication	ns	
		g, one tablet every, ordered on			Any findings will be addressed		
	prasms, me me	5, one more every, ordered on	1		I vary initings will be addressed	ıuı	I

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY  COMPLETED  11/18/2022				
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE			
TAG	REGULATORY OR 8/12/22. The MAR unavailable on 8/22 Escitalopram (anti-one time a day, ordered indicated the medic 8/22/22.  Ferrous Sulfate (iro times a day, ordered indicated the medic 8/22/22.  Lasix (a diuretic medic 8/22/22.  Lasix (a diuretic medic 8/22/22.  Lasix (a diuretic medic aday, ordered on 10/medication was not 10/medication was not 10/medication was not 10/medication was not 10/medicated available on 8/31/22.  Primidone (a medic mg, four tablets two 8/31/21. The MAR not available in the evening on 8/31/22.  The October 2022 Medications were not 10/28/22.  Donepezil (a medic HCI 5 mg, at bedtin HCI 5 mg, at bedtin 10/28/22.	indicated the medication was /22.  depressant medication) 20 mg, ered 8/12/22. The MAR ation was not available on in supplement) 325 mg, two don 12/1/19. The MAR ation was not available on edication) 40 mg, two times a 19/21. The MAR indicated the available on 8/22/22.  In the medication was not 22.  In the medication was not 22.  In the medication was not 23.  In the medication was not 24.  In the medication was not 25.  In the medication was not 26.  In the medication was not 27.  In the medication was not 28.  In the medication was morning on 8/22/22 and in the morni	TAG	the time of discovery and reconnant audit tool.  How the corrective action were deficient practice will not recur, i.e., what quality assurance program will be printo place;  The DONW or designee will refindings of audits to the Quality Assurance (QA) Committee monthly until 100% compliant met for 3 consecutive months then quarterly until resolved a determined by the QA Committee what date the systemic changes will be completed:  January 6, 2023	porded  iill  put  eport ty  ce is c, is			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY  COMPLETED  11/18/2022	
	PROVIDER OR SUPPLIEI		475 S G	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET VILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE
	Jardiance (a medication used to treat Diabetes Mellitus) 10 mg, one time a day, ordered on 9/24/22. The MAR indicated the medication was not available on 10/24/22.  Plavix (a blood thinner medication) 75 mg, one tablet every day, ordered 10/22/22. The MAR indicated the medication was not available on 10/24/22, 10/28/22, 10/29/22, and 10/30/22.				
	11/16/22 at 11:30 a included, but was n obstructive pulmon failure, depressive	ical record was reviewed on .m. The resident's diagnoses tot limited to, chronic ary disease, congestive heart disorder, hypothyroidism, oesophageal reflux disease,			
	The September 202 medications were n	22 MAR indicated the following ot administered.			
	hypothyroidism) 75 every morning at 4	nedication used to treat 5 mcg (mircrograms), one tablet 200 a.m., ordered 4/13/22. The medication was not available			
	The October 2022 I medications were n	MAR indicated the following ot administered.			
	pressure) 50 mg, or The MAR indicated administered on 10 notes, no progress re medication not bein	tion used to treat high blood ne time a day, ordered 9/12/21. If the medication was not /4/22 and to see progress notes were related to the ng administered. The MAR 2 the medication was not			
	Citalopram (an anti	depressant medication) 40 mg,			

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	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	A. BUILDING 00 COMP. B. WING 11/18			
	ROVIDER OR SUPPLIER			475 S G	.DDRESS, CITY, STATE, ZIP COD SOVERNOR STREET VILLE, IN 47713		
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIE  ACH DEFICIENCY MUST BE PRECEDED BY FULL  GULATORY OR LSC IDENTIFYING INFORMATION  BY PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)		TE	(X5) COMPLETION DATE		
	10/4/22 and 10/5/22 administered and to progress notes were medication not bein	2/12/21. The MAR indicated on the medication was not see progress notes, no available related to the g administered. The MAR 2 the medication was not					
	Dexamethasone (a steroid medication) 6 mg, one time a day for COVID-19 for 6 days, ordered 10/15/22. The MAR indicated on 10/15/22 and 10/17/22 the medication was not available.						
	4. Resident J's clinical record was reviewed on 11/16/22 at 3:20 p.m. The diagnoses included, were not limited to, hypertension, atherosclerotic heart disease, gastroesophageal reflux disease, and Diabetes Mellitus.						
		eptember and October MAR's incomplete as follows:					
	The July 2022 MAI medications were no	R indicated the following ot administered.					
	81 mg, one tablet ev	nd blood thinner medication) very day, ordered on 3/23/22. on 7/23/22 and 7/26/22 the					
	capsule 40 mg, one	ication used to treat heartburn) time a day, ordered on 3/12/22. I the medication was not 2.					
	anti-hypertensive ar mg/12.5 mg one dai	lorothiazide (a combination and diuretic medication) 320 sily, ordered on 3/12/22. The medication was not available					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CC A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 11/18/2022	
	PROVIDER OR SUPPLIER		475 S C	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
TAG	on 7/1/22 through 7 7/29/22, and 7/31/2 indicated on 7/30/22 progress notes were medication not bein  The August 2022 M medications were noted to the medication was through 8/5/22.  The September 202 medications were noted to the medication were noted to the medication was through 8/5/22.  The September 202 medications were noted to the medication were noted to the medication was  Carvedilol (a medic pressure) 12.5 mg, 12  Carvedilol (a med	IAR indicated the following of administered.  Ilorothiazide 320 mg/12.5 mg on 3/12/22. The MAR indicated not available from 8/1/22  2 MAR indicated the following of administered.  Dice pain medication) 7.5 mes a day, ordered on 7/11/22. eduled for 6:00 a.m., 11:00 a.m., p.m. The MAR indicated the available on 9/8/22 at 4:00 p.m.  2 MAR indicated the following of administered.  2 MAR indicated the following of administered.  4 0 mg, one time a day, The MAR indicated the available on 11/1/22.  Ilorothiazide 320 mg/12.5 mg on 3/12/22. The MAR indicated not available on 11/1/22.  Seation used to treat high blood two times, ordered on 3/12/22. It the medication was not	TAG	DEFICIENCY	DATE

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING B. WING	00	COMPLETED 11/18/2022	
	PROVIDER OR SUPPLIER		475 S G	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE
TAG	Atorvastatin Calcium high cholesterol) 40 3/12/22. The MAR medication was not Sertraline HCI (an amg, one time a day, indicated on 11/1/22 available.  Apixaban (a blood to times a day, ordered indicated on 11/1/22 available.  5. Resident F's clini 11/16/22 at 3:50 p.m. were not limited to, disorder, bipolar disdisorder.  The August 2022 M. medications were not disorder where not limited to, disorder.  The August 2022 M. medications were not limited to, disorder.  The September 2022 M. medications were not limited to available on 8/8 8/31/22.  The September 2022 medications were not limited to available on 8/8 8/31/22.  The September 2022 medications were not limited to available on 8/8 8/31/22.	canti-depressant medication) 100 ordered on 3/23/22. The MAR 2 the medication was not thinner medication was not an 3/12/22. The MAR 2 the medication was not the medication was not the medication was not the diagnoses included, but the hypertension, anxiety forder, and depressive that indicated the following the administered dication used to treat sleep give at bedtime, ordered on indicated the medication was 1/22, 8/23/22, 8/29/22, and 2 MAR indicated the following the administered.  2 MAR indicated the following the administered.  3 give at bedtime, ordered on indicated the medication was 1/22, 9/2/22, 9/10/22, 9/11/22, 9/11/22, 9/11/22,	TAG	DEFICIENCY	DATE  DATE
	The October 2022 M medications were no	MAR indicated the following of administered.			

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETS  B. WING 11/18/20				
			B. WING			11/18/	2022
NAME OF P	ROVIDER OR SUPPLIER	<b>\</b>			DDRESS, CITY, STATE, ZIP COD		
SILVER E	BIRCH OF EVANS	/ILLE			OVERNOR STREET VILLE, IN 47713		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE				PROVIDER'S PLAN OF CORRECTION	PROVIDER'S PLAN OF CORRECTION	
PREFIX		CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TA	G	DEFICIENCY		DATE
	Ambien CR 6.25 mg, give at bedtime, ordered on 6/21/22. The MAR indicated the medication was not available on 10/12/22, 10/13/22, and 10/14/22.						
	Atorvastation 20 mg, at bedtime, ordered on 12/19/21. The MAR indicated the medication was not available on 10/14/22.						
	6. Resident D's clinical record was reviewed on 11/18/22 at 1:00 p.m.						
	The August, September, October MAR lacked documentation of all drugs given, as follows:						
	The August 2022 MAR indicated the following medications were not administered.						
	in the morning sche	etic medication) 2 mg, give one eduled for 6:00 a.m., ordered on indicated the medication was 25/22 and 8/26/22.					
	Trazadone HCI (an anti-depressant medication) 50 mg, at bedtime, ordered on 12/29/21. The MAR indicated the medication was not available on 8/23/22, 8/24/22, and 8/30/22.						
	The September MA medications were n	R indicated the following ot administered.					
	12/29/21. The MAF	mg, at bedtime, ordered on R indicated the medication was 5/22, 9/17/22, 9/23/22, and					
	11/18/22 at 1:30 p.r not limited to, hypo	ical record was reviewed on  n. The diagnoses included, but kalemia, hypothyroidism, and hyperlipidemia.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING B. WING	00	COMP 11/18	(X3) DATE SURVEY COMPLETED 11/18/2022	
	PROVIDER OR SUPPLIE		475 S	GADDRESS, CITY, STATE, ZIP C GOVERNOR STREET SVILLE, IN 47713	OD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	The July 2022 MAR indicated the following medications were not administered.  Folic acid (a supplement) 1 mg, give every					
	morning, ordered of the medication was and 7/28/22 throug notes, the progress medication was no	ement) 1 mg, give every on 7/26/22. The MAR indicated is not administered on 7/26/22 gh 7/30/22 and to see progress is notes did not indicate why the of administered. The MAR 22 the medication was not				
	Synthroid (a medication used to treat hypothyroidism) 50 mcg, every morning at 6:00 a.m. The MAR indicated on 7/19/22 and 7/20/22 the medication was not available.					
	The August 2022 I medications were	MAR indicated the following not administered.				
	Folic acid 1 mg, give every morning, ordered on 7/26/22. The MAR indicated on 8/1/22, 8/4/22, 8/8/22, and 8/26/22 the medication was not available.  Cholecalciferol (vitamin supplement) 50 mcg, one tablet every day, ordered on 6/7/22. The MAR indicated on 8/28/22 the medication was not available.					
	cholesterol) 40 mg	ication used to treat high 5, at bedtime, ordered on 6/6/22. 22.				
		documentation in the progress e medication when it was not able.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	DNSTRUCTION 00	(X3) DATE SURVEY  COMPLETED  11/18/2022			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE		
	On 11/15/22 at 9:40 Administrator and A indicated the facility which started 11/10 closer in distance to On 11/15/22 at 2:30 were reviewed. The was started on 11/10 implemented. Both responsibility of the prescribed medicati On 11/18/22 at 10:2 new pharmacy was drugs to each reside locked drawer in the how all the drugs w drawers. This State Resident	a.m., during interview with Assistant Administrator, they by had a new pharmacy provider /22. They indicated they were the facility.  p.m., both pharmacy contracts newest and current contract 0/22 and continued to be fully contracts indicated it was the pharmacy to supply the ons.  25 a.m., Resident G indicated the in the process of bringing the ent's room. She pointed to a le kitchenette, she described ould be locked in those  ial finding relates to 1999, IN00389458, IN00389366,					
R 0349	410 IAC 16.2-5-8. Clinical Records -	, , , ,					
Bldg. 00	(a) The facility mu on each resident. maintained under employee of the faresponsibility. The follows: (1) Complete. (2) Accurately doc (3) Readily access (4) Systematically	st maintain clinical records These records must be the supervision of an acility designated with that records must be as  sumented. sible.	R 0349	R0349 – Clinical Records –	01/06/2023		
	reason doses were r	all the prescribed drugs or the not given for 8 of 8 residents libed medications. (Resident B,		Non-compliance What corrective action will to accomplished for those	<u>oe</u>		

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER	A. BUIL		00	COMPL	ETED
			B. WING	ì		11/18/	
		<u> </u>	1	TTD FFT :	DDDEGG CITY OT THE TIP COP		
NAME OF P	ROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
פוו /ירס י		VII I E	475 S GOVERNOR STREET EVANSVILLE, IN 47713				
SILVER I	BIRCH OF EVANS	VILLE		=vAIN9,	VILLE, IN 4// 13		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PR	EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	1	ΓAG	DEFICIENCY)		DATE
	· ·	ent H, Resident G, Resident J,			residents found to have been	<u>1</u>	
	Resident F, Reside	nt D, Resident E)			affected by the deficient		
					practice;		
	Findings include:				Resident B: Medication		
					administration is being monito	red	
		nical record was reviewed on			and any missed doses are		
		a.m The residents diagnoses			addressed at the time of disco	very	
	included, but were not limited to, hypertension,				Resident C: Medication		
		epressive disorder, chronic pain,			administration is being monito	red	
	low back pain, and	anxiety.			and any missed doses are		
					addressed at the time of disco	•	
	The monthly medication records were reviewed				Resident D: no longer res	ides	
	and were noted to contain incomplete Medication Administration Records (MAR) as follows:				at the community		
	Administration Rec	corus (MAK) as follows:			Resident E: no longer		
	The Contember 200	22 and Oatabar 2022 MAD			resides at the community		
		22 and October 2022 MAR			Resident F: Medication	rad	
	indicated the follow	vilig.			administration is being monito	rea	
	Amitriptuling (anti	-depressant medication) HCL 25			and any missed doses are addressed at		
		t bedtime, ordered on 6/21/2021.			the time of discovery		
		locumented as given on the			Resident G: Medication		
	-	1/22 through 9/5/22 and 9/21/22.			administration is being monito	red	
	-	record recorded "5" meaning			and any missed doses are	Tou	
	_	gress notes". The progress			addressed at the time of disco	verv	
		nation regarding the holding of			Resident H: Medication	,	
	drug.	1-Baranna and Holding of			administration is being monito	red	
		h 9/25/22, 10/2/22, and 10/30/22			and any missed doses are		
	_	led "11", medication not			addressed at the time of disco	verv	
	available.	,			Resident J: Medication	,	
					administration is being monito	red	
	Aricept (medication	n used to treat dementia) 5 mg,			and any missed doses are		
		on 6/14/22. The drug was not			addressed at the time of disco	very	
		en on the following dates.			How the facility will identify	•	
	_	9/5/22, 9/22/22, 10/2/22, and			other residents having the		
	_	documentation the medication			potential to be affected by th	<u>ie</u>	
	was administered a	s ordered.			same deficient practice and	=	
					what corrective action will be	<u>e</u>	
	Lexapro (anti-depr	essant medication) 10 mg, one			taken;		
	time a day, ordered	l on 8/26/22.			All current residents residing a	at	
	On 9/2122 the drug	was coded as "9", other /see			Silver Birch of Evansville have		

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STATEMENT OF DEFICIENCIES X1) PROVID		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION (X3) D		(X3) DATE	) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED	
			B. W	NG	11/18/2022			
				_				
NAME OF I	PROVIDER OR SUPPLIER	3			ADDRESS, CITY, STATE, ZIP COD			
					GOVERNOR STREET			
SILVER	BIRCH OF EVANS	VILLE		EVANS	VILLE, IN 47713			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DROWIDERS BY AN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TC	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
	progress note. The	progress notes lacked			potential to be affected by the			
		ing holding of the drug.			alleged deficient practice.			
	_	ord lacked documentation of			The Director of Nursing &			
	administration.				Wellness (DONW) or designed	⊃ will		
		g was coded "11", medication			provide nurses and QMAs			
	not available.	5 was course in , mountained			re-education on proper proced	lures		
	nov av anacio.				for follow up with the pharmac			
	Calcium Carbonate	Vitamin D 600/400 mg, two			documentation of the reason a	-		
	times a day, ordered	Ç.			medication was missed, inform			
		9/5/22, and 9/22/22 the			residents of medications not	illig		
					available and when they will b	•		
	medication administration of the evening dose was not documented.				and informing the DONW or	€,		
		rning dose was coded "11",			_	no		
	medication was not				designee of missing medication	1115		
		30/22 both doses for those			and what follow up was	•		
					completed. This training will be			
	days were not docu	mented.			provided on or before December 23, 2022.	er		
	Colace (stool softer	ner) 100 mg, two times a day,			What measures will be put in	<u>ito</u>		
	ordered on 1/31/22.	•			place or what systemic			
	On 9/1/22 through	9/5/22 and 9/22/22, the drug			changes the facility will make	<u>e_</u>		
	administration was	not documented.			to ensure that the deficient			
	On 10/2/22 and 10/	30/22 the evening dose was not			practice does not recur;			
	documented as adm	ninistered.			The DONW or designee will			
	On 10/2322 the mo	rning dose was not		monitor the Medication Admin				
	documented as adm	ninistered.			Audit Report 2 x daily for 6 we	eks,		
					then 1 time daily for 4 weeks,	then		
	•	nedication used to treat		randomly ongoing for missed				
	hypothyroidism) 75	5 mcg (micrograms) one tablet			medications and/or lack of			
	in the morning at 4				documentation of the reason f	or a		
	On 9/11/22, 9/12/22	2, 9/24/22, and 9/27/22 the			missed medication. Any findin	gs		
	record lacked docum	mentation of the medication			will be addressed at the time of	_		
	administration.				discovery.			
					How the corrective action wi	<u>II_</u>		
	Ferrous Sulfate (iro	on supplement) 325 mg, daily,			be monitored to ensure the			
	· ·	, was not documented on			deficient practice will not			
	10/23/22.				recur, i.e., what quality			
					assurance program will be p	ut		
	Norvasc (a medicat	tion used to treat high blood			into place;			
	· ·	ery morning, ordered on			The DONW or designee will re	eport		
		documented on 10/23/22.			findings of audits to the Qualit	•		

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	OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING B. WING	00	COMPLETED  11/18/2022
	PROVIDER OR SUPPLIER BIRCH OF EVANSV		475 S (	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	pressure) 20 mg, on- ordered on 10/21/22 administered on 10/2 Omeprazole (a medi- gastroesophageal re- day, ordered on 1/3 administered on 10/2 Zolpidem (a sleep at- on 10/8/22, was not- on 10/30/22.  On 11/18/22 at 11:1 interviewed, when quadministration Resid- had a new pharmacy medication and the al- had been.  2. Resident C's clini 11/16/22 at 2:30 p.m were not limited to, and hypertension.  The MAR for Augu October 2022 was nordered as follows:  Calcitriol (supplement Wednesday, and Fri On 8/22/22 and 10/2 "11", medication no On 8/31/22 the drug progress notes, no di	flux disease) 40 mg, one time a 1/22 was not documented as 23/22.  id) 10 mg, at bedtime, ordered documented as administered  5 a.m. Resident B was questioned about drug dent B indicated the facility y now. The timeliness of the availability was better than it  cal record was reviewed on in. The diagnoses included, but Diabetes Mellitus, seizures,  st 2022, September 2022, and not complete for each drug  ent) 0.25 mg, every Monday, day, ordered on 6/18/21. 28/22 the drug was coded as		Assurance (QA) Committee monthly until 100% compliance met for 3 consecutive months then quarterly until resolved a determined by the QA Commit What date the systemic changes will be completed:  January 6, 2023	s

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		 JILDING	00	COMPL 11/18/	ETED	
	PROVIDER OR SUPPLIER		475 S G	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET VILLE, IN 47713		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	spasms) HCI 10 mg ordered on 8/12/22. On 8/22/22 the drug medication not avair On 8/31/22 the drug progress notes, no do notes related to not ordered.  Escitalopram (anticone time a day, ordered on 8/31/22 the drug not available. On 8/31/22 and 9/20 other/see progress in the progress notes in drug as ordered. On 10/24/22 the recomedication was admitted as a displayed on 12/1/19. On 8/22/22 the drug not available. On 8/31/22 the drug progress notes, no do notes related to the ordered. On 10/7/22, 10/15/2 10/31/22, and 11/4/documentation the ordered on 10/10 on 8/22/22 the drug not available. On 8/22/22 the drug not available. On 8/22/22 the drug not available. On 8/24/22 the drug not available. On 8/24/22 the drug not available. On 8/24/22 the drug progress notes, no design of the d	g was coded as "11", lable. g was coded as "9", other/see locumentation in the progress providing the drug as  depressant medication) 20 mg, ered on 8/12/22. g was coded "11", medication  6/22 the drug was coded "9", notes, no documentation in elated to not providing the cord lacked documentation the ministered.  mg, two times a day, ordered g was coded "11", medication g was coded as "9", other/see locumentation in the progress not providing the drug as  22, 10/21/22, 10/24/22, 10/30/22, 22, the record lacked drug was given.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION  G  00	COM	TE SURVEY MPLETED 18/2022	
	PROVIDER OR SUPPLIEF		475	EET ADDRESS, CITY, STATE, ZII S GOVERNOR STREET ANSVILLE, IN 47713		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	CROSS-REFERENCED TO TH	N SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	On 8/31/22 the more other/see progress in the progress notes in the progress notes in the progress notes in the progress notes in drug as ordered. On 8/31/22 the even medication not available. On 8/31/22 the more other/see progress in the progress notes in drug as ordered. On 10/7/22, 10/15/2 and 11/4/22 medical blank.  Primidone (a medical medical medication not available of the progress notes in medication not available of the progress notes in the progress notes in the providing the drug as ordered. On 8/31/22 the even medication not available of the progress in the progress notes in the progress notes in drug as ordered.	dication used to treat wo times a day, ordered on ming dose was coded "9", notes, no documentation in related to not providing the 22, 10/21/22, 10/30/22, 10/31/22, ation administrations were  ration used to treat seizures) 50 to times a day, ordered on ming dose was coded "11", filable. 6/22 the morning dose was the progress notes, no the progress notes related to rug as ordered. Ining dose was coded "11", filable. Ining dose was coded "11", filable. Ining dose was coded "9", notes, no documentation in related to not providing the 22, 10/21/22, 10/24/22, 10/30/22, 22 the medication				

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 11/18/2022	
	PROVIDER OR SUPPLIE		475 S (	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713		
(X4) ID PREFIX	(EACH DEFICIE	STATEMENT OF DEFICIENCIE  NCY MUST BE PRECEDED BY FULL  BLECHDENTIFYING DIFFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE COMPLETION	
TAG	Gabapentin (a med 300 mg, three times 300 mg, three times On 8/11/22 the after blank.  On 8/31/22 the most other/see progress progress notes related as ordered.  On 10/4/22, 10/7/2 10/30/22, and 10/3 administrations were on 10/24/22 the after were blank.  Donepezil (a medit HCI 5 mg, at bedtit On 10/14/22 the direct not available.  On 10/7/22, 10/15, and 11/4/22 administrations on 10/24/22 the direct not available.  Plavix (a blood this day, ordered on 10 On 10/24/22, 10/2 doses were coded brevastatin (a medic cholesterol) 20 mg 10/19/21.  On 10/7/22, 10/15, 10/31/22, and 11/4 blank.  Clonidine HCI (a medic not of the control of the cholesterol) 20 mg 10/19/21.	cation used to treat dementia) me, ordered 6/20/22. rug was coded "11", medication  /22, 10/21/22, 10/30/22, 10/31/31, istrations were blank.  ation used to treat Diabetes ne time, ordered 9/24/22. rug was coded "11", medication  nner) 75 mg, one tablet every	TAG		DATE	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING 00 COMPLETED  B. WING 11/18/2022			
	PROVIDER OR SUPPLIER		475 S G	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE
	10/31/22, and 11/4/2. No blood pressures documentation regal.  On 11/18/22 at 10:0 interviewed. The result of the pressure and heart better now with the continued about the children for several not available or give.  3. Resident H's clinital 11/16/22 at 11:30 a. were not limited to, pulmonary disorder failure), depressive hypertension, GERI disorder), and neuron the September 2022 2022 MAR's were follows:  Levothyroxine (a many hypothyroidism) 75 every morning at 4:10 On 9/2/22 the drug of the properties of th	55 a.m., Resident C was sident indicated the worry of cribed drugs. " I went without t medications for 11 days. It is new pharmacy." The resident worry it caused to her months the medications were en as ordered.  Cal record was reviewed on m. The diagnoses included, but COPD (chronic obstructive ), CHF (congestive heart disorder, hypothryroidism, O (gastroesophageal reflux pathy.  2, October 2022, and November bound to be incomplete as  edication used to treat mcg (mircrograms), one tablet 00 a.m., ordered on 4/13/22. was coded "11", medication  2, 9/19/22, 9/24/22, 9/26/22, 4/22, 10/8/22, 10/11/22, 0/17/22, 10/22/22 through and 10/29/22 through 10/31/22			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING B. WING	00	COMPLETED 11/18/2022	
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET	
SILVER E	BIRCH OF EVANS	/ILLE		SVILLE, IN 47713	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	"9", other/see progre related to not provide	10/5/22 the drug was coded ess notes; no progress notes ling the drug as ordered. was coded "11", medication			
	one time a day, order On 10/422 through "9", other /see progrelated to not provide	pressant medication) 40 mg, ered on 9/12/21. 10/5/22 the drug was coded ress notes, no progress notes dring the drug as ordered. g was coded "11", medication			
	for 6 days, ordered on 10/15/22 the first medication not avait On 10/17/22 the thin medication not avait	st dose was coded "11", lable. rd dose was coded "11",			
	and COPD) 250/50 times a day, ordered	22, 10/24/22, 10/30/22, and			
	20 mg, two times a 10/15/22. On 10/21/22 and 10	cation used to treat heartburn) day, for 20 doses ordered on /24/22 the doses were left e documented as given.			
	7/26/22.	, three times a day, ordered on /23/22 the afternoon doses			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING B. WING			(X3) DATE COMPL 11/18/	ETED	
NAME OF I	PROVIDER OR SUPPLIEF				ESS, CITY, STATE, ZIP COD ERNOR STREET		
SILVER I	BIRCH OF EVANS\	/ILLE			E, IN 47713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	CF	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
		22, 10/24/22, 10/30/22, and ag doses were blank.					
		ical record was reviewed on m. The diagnosis included, but hypertension.					
	_	2, October 2022, and November reviewed and were incomplete					
	ordered on 8/10/21.	nloride) ER 10 meq two tablets two times a day, On 9/13/22, 10/22/22, 10/26/22, and 11/15/22 the afternoon					
	interviewed. The repharmacy that was drugs to each reside locked drawer in the how all the drugs with drawers. She descrithis summer and it indicated she had be years and then they indicated she had to	25 a.m., Resident G was sident explained the new in the process of bringing the ent's room. Pointing to a e kitchenette, she described rould be locked in those bed running out of medication took 7 days to refill. She een on blood pressure pills for had run out for 7-8 days. She o go to the hospital for high her heart still fluttered at times ospital.					
	11/16/22 at 3:20 p.1 not limited to, hype disease, GERD, and	gust 2022, September 2022, and c's were reviewed and					
	1						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 11/18/2022		
	PROVIDER OR SUPPLIER BIRCH OF EVANS		475 S G	ADDRESS, CITY, STATE, ZIP COI GOVERNOR STREET VILLE, IN 47713	)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	LD BE COMPLETION	
	every day, ordered On 7/23/22 and 7/2 medication not avai On 9/1/22 the admi	6/22 the drug was coded "11", ilable. nistration was blank. e 40 mg, one time a day,				
	medication not avail On 8/30/22, 9/1/22, was blank	1/22 the drug was coded "11", ilable. and 10/23/22 the administration				
	medication for high 320/12.5 mg, one d On 7/1/22 through 7/29/22, 7/31/22, 8, were coded "11", m On 7/30/22 the dose progress note, no progress no progress note, no progress note, no progress note, no progress no progress note, no progress note, no progress no pro	lorothiazide (a combination a blood pressure and a diuretic) aily, ordered on 3/12/22. 7/11/22, 7/20/22 through /1/22 through 8/5/22, and 11/1/22 dedication not available.  The was coded "9", other/see rogress notes were recorded. 2, 8/30/22, 9/1/22, and 10/23/22				
	pressure) 12.5 mg, 3/12/22. On 7/1/22 and 7/13 blank. On 8/1/22, 8/12/22, through 8/21/22, 8/ through 9/5/22 the On 8/24/22 and 8/3 blank. On 11/1/22 the more	cation used to treat high blood two times a day, ordered  /22 the administrations were , 8/13/22, 8/15/22, 8/19/22, 25/22, 8/29/22, and 9/1/22 evening doses were blank.  0/22 the morning doses were  rning and evening doses were				
		om (a medication used to treat a) mg, at bedtime, ordered on				

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 11/18/2022
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COI GOVERNOR STREET	)
SILVER E	BIRCH OF EVANS\	/ILLE		SVILLE, IN 47713	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP	ILD BE COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	· · · · · · · · · · · · · · · · · · ·	8/15/22, 8/19/22 through /29/22, and 9/1/22 through 9/5/22			
	the administrations				
	On 11/3/22 the drug	g was coded "11", medication			
	not available.				
		i-depressant medication) 100			
		ordered on 3/23/22.			
	On 8/30/22, 9/2/22, the administrations	9/16/22, 9/30/22, and 10/23/22			
		g was coded "11", medication			
	not available.	,			
	Apixaban (a blood ordered on 3/12/22.	thinner) 5 mg, two times a day,			
		8/12/22, 8/15/22, 8/1922 through			
		29/22, 9/1/22 through 9/5/22,			
		and 10/30/22 the evening doses			
	were blank.				
		23/22 the morning doses were			
	blank. On 11/1/22 the mor	ning dose was coded "11",			
	medication not avai	_			
		otic pain medication) 7.5/325			
	-	y (scheduled at 6:00 a.m., 11:00			
	-	17:00 p.m.), ordered 7/11/22. and 10/23/22, the 6:00 a.m.			
	doses were blank.	and 10/23/22, the 6:00 a.m.			
		2, 8/30/22, 9/1/22, 9/26/22, and			
	10/23/22 the 11:00	a.m. doses were blank.			
	· ·	2, 8/21/22, 8/25/22, 8/29/22,			
		0/2/22, and 10/16/22 the 4:00 p.m.			
	doses were blank.	8/12/22, 8/15/22, 8/19/22			
	, ,	25/22, 8/29/22, 9/1/22 through			
		/16/22, 10/30/22, and 11/12/22			
	the 7:00 p.m. doses				
		a.m., 4:00 p.m., and 7:00 p.m.			
	doses were coded "	11", medication not available.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CC A. BUILDING B. WING	onstruction 00	COMP	E SURVEY LETED 3/2022		
	PROVIDER OR SUPPLIEF BIRCH OF EVANS		STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
TAG	6. Resident F's clini 11/16/22 at 3:50 p.1 were not limited to, disorder, bipolar disdisorder.  The August 2022, S 2022 MAR's were redocumented as give documented as give Ambien CR 6.25 m 6/21/22.  On 8/8/22, 8/23/22, 9/10/22, 9/11/22, 9/10/22, 10/7/22 and 10/12/22 throug coded as "11", med On 10/6/22, 10/7/22 administrations were Lorazepam (anti-anone in the afternoor On 8/11/22, 9/9/22, blank.  Percocet (narcotic p give four times a day On 8/11/22, 10/6/22	ical record was reviewed on m. The diagnoses included, but hypertension, anxiety sorder, and depressive  September 2022, and October reviewed, not all drugs were en as follows:  g, give at bedtime, ordered on  8/29/22, 8/31/22, 9/1/22, 9/2/22, 9/16/22, 9/16/22, 9/18/22, 9/24/22, gh 10/14/22 the doses were ication not available.  2, and 11/5/22 the	IAG	DATE LEAVE 1		DATE	
	12/19/21. On 10/6/22, 10/7/22 and 10/31/22 the ad	re blank.  g, at bedtime, ordered on  2, 10/15/22, 10/24/22, 10/30/22, Iministrations were blank.  se was coded "11", medication					
	Belsomra (a sleep a bedtime, ordered or	aid medication) 5 mg, at n 10/24/22.					

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	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 11/18/2022	
	PROVIDER OR SUPPLIE		475 S (	ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET SVILLE, IN 47713		
(X4) ID PREFIX	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE  NCY MUST BE PRECEDED BY FULL  NO. 100 (1907) THE PROPERTY OF T	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	ILD BE COMPLETION	
TAG		0/22, and 10/31/22 ere blank.	TAG	DEFREENCE	DATE	
	7:00 p.m., ordered On 10/6/22, 10/7/2 and 10/31/22 admi Lorazepam 0.5 mg scheduled at 1:00	give at bedtime, scheduled at on 1/5/22. 22, 10/15/22, 10/24/22, 10/30/22, inistrations were blank.  g, give in the afternoon, p.m., ordered on 1/5/22. 0/27/22 administrations were				
	Lyrica (a medicati mg, twice a day, o On 10/6/22, 10/7/2 and 10/31/22 admi	on used to treat nerve pain) 100 rdered on 8/23/22. 22, 10/15/22, 10/14/22, 10/30/22, inistrations were blank.  tipsychotic medication) 5 mg,				
	twice a day, ordered On 10/6/22, 10/7/2					
	pressure) 2.5 mg, 1 3/22/21. On 10/6/22, 10/7/2	tion used to treat high blood two times a day, ordered on 22, 10/15/22, 10/24/22, 10/30/22, inistrations were blank.				
	for 4:00 a.m., order On 10/1/22 through 10/12/22, 10/14/22, through 10/24/22, 10/31/22, and 11/4 administrations we reordered on 11/11	0 mcg, every morning, scheduled ared on 6/9/22.  th 10/4/22, 10/8/22 through 2 through 10/17/22, 10/22/22 10/26/22, 10/29/22 through 1/22 through 11/7/22  ere blank. The medication was 1/22. On 11/12/22 through rations were blank.				
	7. Resident D's cli	nical record was reviewed on				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVEY         A. BUILDING       00       COMPLETED         B. WING       11/18/2022			LETED		
NAME OF PROVIDER OR SUPPLIER			-		DDRESS, CITY, STATE, ZIP COD		
SILVER I	BIRCH OF EVANS\	/ILLE		EVANS	VILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY)	BE	(X5) COMPLETION DATE
	2022 MAR's lacked given, as follows:	September 2022, and October I documentation of all drugs					
	Aspirin 81 mg, ordered on 1/15/20. On 9/16/22, 9/21/22, and 10/2/22 administrations were blank.						
	Atorvastatin Calcium 80 mg, at bedtime, ordered on 1/14/22. On 8/12/22, 8/15/22, 8/20/22, 8/21/22, 8/25/22, 8/29/22, 9/3/22, and 10/2/22 administrations were blank.						
	in the afternoon, scl on 6/14/22. On 8/4/22, 8/9/22, 8 8/25/22, 8/30/22, 8/	etic medication) 2 mg, give one heduled for 1:00 p.m., ordered 8/11/22, 8/16/22, 8/17/22, 8/18/22, 8/122, 9/1/22, 9/1/22, 9/8/22, 9/16/22, 1/22, 9/24/22, 9/29/22, and ions were blank.					
	scheduled for 6:00 a On 8/25/22 and 8/2 medication not avai	give one in the morning, a.m., ordered on 6/15/22. 6/22 doses were coded "11", lable. 3/22 administrations were					
	bedtime, ordered or On 8/12/22, 8/15/22	ate (a blood thinner) 75 mg, at a 1/14/20. 2, 8/20/22, 8/21/22, 8/25/22, and 10/2/22 administrations were					
	a day, ordered on 1	a supplement) 400 mg, one time 1/29/22. 2, 9/21/22, and 10/2/22					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING 00 COMPLETED  B. WING 11/18/2022			ETED		
NAME OF PROVIDER OR SUPPLIER					DDRESS, CITY, STATE, ZIP COD OVERNOR STREET		
SILVER BIRCH OF EVANSVILLE					VILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
TAG	administrations were Multiple Vitamin, of 1/15/20. On 8/25/22, 9/16/22 administrations were Trazadone HCI (and mg, at bedtime, ord. On 8/12/22, 8/15/22 8/29/22, 9/3/22, 9/1 administrations were On 8/23/22, 8/24/22 9/23/22, and 9/24/22 medication not avail Vitamin B-12 500 m 12/29/21. On 8/25/22 and 10/2 blank.  Allopurinol (a meding, give 150 mg twon 8/12/22, 8/15/22 8/29/22, 9/3/22 through and 10/2/22 evening On 10/2/22 evening On 10/2/22 and 10/2 blank.  Famotidine 20 mg, 1/11/20. On 10/2/22 and 10/2 blank. On 8/12/22, 8/20/22	re blank.  one time a day, ordered on  2, 9/21/22, and 10/2/22 re blank.  ti-depressant medication) 50 ered on 12/29/21. 2, 8/20/22, 8/21/22, 8/25/22, 8/22, and 10/2/22 re blank. 2, 8/30/22, 9/6/22, 9/17/22, 2 doses were coded "11", lable.  ncg, one time a day, ordered 2/22 administrations were  ccation used to treat gout) 300 rice a day, ordered on 8/25/20. 2, 8/20/22, 8/21/22, 8/25/22, ough 9/5/22, 9/18/22, 9/30/22,		TAG	DEFICIENCY)		DATE
	`	medication used to treat high mg, give two times a day,					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION   (X3) DATE SURVEY			ED			
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE			STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
PREFIX TAG	REGULATORY OF On 9/1/22, 10/2/22, were blank. On 8/12/22, 8/15/22, 8/29/22, 9/1/22, and were blank.  Isosorbide Mononit medication) 24 hou day, ordered on 3/1 On 9/1/22, 10/2/22 were blank.  Klor-con M20 ER (tablet two times a don 10/2/22 the noo On 8/12/22, 8/20/22, 9/3/22, 9/16/22, 9/2 doses were blank.  Oxybutynin Chlorid treat overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank. On 9/3/22 the afternament of the street overactive blanday, ordered on 1/2 On 10/2/22 and 10/2 blank.	R LSC IDENTIFYING INFORMATION and 10/3/22 the morning doses  2, 8/20/22, 8/21/22, 8/25/22, d 10/2/22 the afternoon doses  trate ER (a vasodilator or 30 mg, give one one time a //22. and 10/3/22 administrations  (a potassium supplement), one lay, ordered on 1/14/20. ordose was blank. 2, 8/21/22, 8/25/22, 8/29/22, e1/22, and 10/2/22 the afternoon  de ER (a medication used to dder), one table two times a	PREFIX TAG	CROSS-REFERENCED TO THE APP	ILD BE ROPRIATE C	OMPLETION DATE		
	8/29/22, 9/3/22, 9/4	2, 8/20/22, 8/21/22, 8/25/22, 1/22, 9/5/22, 9/18/22, 9/29/22, and on doses were blank.						
	risk of a heart attack capsule two times a On 10/2/22 and 10/ blank.	medication used to reduce the k) 1 GM (gram), give two day, ordered on 6/17/20. 3/22 the morning doses were						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING B. WING	B. WING 11/18/2022			
NAME OF PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD GOVERNOR STREET		
SILVER BIRCH OF EVANSVILLE			EVANS	SVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE	
		/22, 9/5/22, 9/18/22, 9/29/22, and				
	Gabepentin Capsule ordered on 1/10/20. On 10/2/22 and 10/3 blank. On 8/12/22,8/20/22, 9/3/22, and 10/2/22 blank. On 8/12/22, 8/15/22 8/29/22, 9/3/22, and were blank.  8. Resident E's clini 11/18/22 at 1:30 p.n not limited to, hypoi vitamin deficiency,  The July 2022 and Adocumentation of all Folic acid 1 mg, giv 7/26/22. On 7/26/22, 7/28/22 8/10/22, 8/16/22, 8/16/22, 8/10/22, 8/16/22, 8/10/22, 8/16/22, 8/10/22, 8/16/22, 8/10/22, 8/16/22, 8/10/21, 8/1/22, doses were coded "I Synthroid 50 mcg, e6:00 a.m. On 7/19/22 and 7/20 "11", medication no Cholecalciferol 50 rordered on 6/7/22.	2 300 mg, three times a day,  3/22 the morning doses were  3/22, 8/25/22, 8/29/22, the afternoon doses were  2, 8/20/22, 8/21/22, 8/25/22, 10/2/22 the evening doses  cal record was reviewed on a. The diagnoses included, but kalemia, hypothyroidism, and hyperlipidemia.  August 2022, MAR's lacked 1 drugs given, as follows:  the every morning, ordered on  2, 7/29/22, 7/30/22, 8/9/22, 17/22, and 8/18/22 doses were the progress notes.  8/4/22, 8/8/22, and 8/26/22  11", medication not available.  Every morning scheduled at  10/22 the doses were coded				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 11/18/2022		
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE			STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	•						

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