STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER BIRCH OF EVANSVILLE	475 S GOVERNOR STREET EVANSVILLE, IN 47713

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R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00441420, IN00440731, IN00440245, and IN00434344. Complaint IN00441420: State deficiencies related to the allegation(s) are cited at R117. Complaint IN00440731: No deficiencies related to the allegation(s) are cited. Complaint IN00440245: State deficiencies related to the allegation(s) are cited at R117. Complaint IN00434344: No deficiencies related to the allegation(s) are cited. Survey dates: September 17 & 18, 2024 Facility number: 014238 Census Bed Type: Residential: 104 Total: 104 Census Payor Type: Medicaid: 102 Other: 2 Total: 104 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed on September 26, 2024.	R 0000	Submission of this plan of correction does not constitute admission or agreement by the provided of the truth of facts alleged or correction set forth on the statements of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. please find the sufficient documentations providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a check review. Should additional information be necessary to confirm said compliance, please feel free to contact Dee Jolly, Executive Director, Silver Birch Living. Submission of this plan of correction does not constitute admission or agreement by the provided of the Birch of Evansville.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dee Jolly	Administrator	10/11/2024

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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	Based on interview and record review, the facility failed to ensure QMAs (Qualified Medication Aide) documented the administration of as needed (PRN) pain medications completely for 2 of 3 residents reviewed for pharmacy services. Documentation of authorization to administer the drug from a licensed nurse was not recorded in the record as required by the QMA Scope of Practice. (Resident F, Resident G) Findings include: 1. During a review of facility reported incidents on 9/12/24 at 10:00 A.M., a reported incident dated 9/5/24 at 10:30 P.M., indicated that Resident F received the wrong medication. A preventative measure included that education was provided to the QMA (Qualified Medication Aide) by the nurse related to proper procedure of medication administration. On 9/17/24 at 10:30 A.M., Resident F's diagnoses included, but were not limited to, chronic pain, anxiety, and depression. Resident F's physician orders included, but were not limited to, acetaminophen/codeine 300/30 mg (milligrams) (Tylenol #3) give 1 tablet every four hours PRN for pain (ordered 6/11/24). A review of Resident F's medication administration record (MAR) from 8/1/24 thru 9/17/24 indicated the following PRN medication was administered by a QMA without documented approval by a nurse: Acetaminophen/codeine 300/30 mg PRN was administered by QMA 4 on 8/2/24, QMA 6 on 8/11/24, QMA 7 on 8/13/24 and 8/29/24, QMA 8 on 8/24/24, and QMA 11 on 8/26/24 and 8/31/24.	R 0117	Prior to deficient practice being identified, corrected actions and follow through for the affected resident were completed as directed by the MD. Authorization will be obtained for all PRN medications prior to administration and documented in the progress notes or administration notes. Qualified Medication Aides and Licensed Nurses will be educated on their responsibilities to obtain authorization before administering a PRN medication from a licensed nurse or physician, documenting said authorization, and observation of symptoms in the resident progress notes, the Residential Regulations 0246 Health Services Deficiency 420IAC16.2-5-4C (6), and the Medication Administration Program Policy. The twenty-four-hour report will be utilized by the Director of Nursing and Wellness (DONW) or designee to determine any residents that received PRN medications and ensure that authorizations were obtained and documented. The twenty-four-hour report will be monitored daily for two weeks, then weekly for four weeks to assure compliance with seeking, receiving, and documenting authorization provided by a licensed nurse or physician. Audits of administered PRN medications will continue after the initial six weeks and shall be	10/18/2024

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	A nurses note dated 9/5/24 at 7:47 P.M., indicated QMA notified nursing staff that Resident F requested PRN Tylenol #3. QMA then administered another resident's oxycodone 10 mg tablet in error. 2. During a record review on 9/17/24 at 12:30 P.M., Resident G's diagnoses included, but were not limited to, kidney failure, gout, and major depressive disorder. Resident G's physician orders included, but were not limited to, hydrocodone/acetaminophen 10/325 mg every six hours PRN for pain (6/6/24). A review of Resident G's medication administration record (MAR) from 8/1/24 thru 9/17/24 indicated the following PRN medication was administered by a QMA without documented approval by a nurse: Hydrocodone/acetaminophen 10/325 mg PRN was administered by QMA 4 on 8/5/24, QMA 6 on 8/2/24 and 8/20/24, QMA 7 on 8/14/24, and QMA 11 on 8/26/24, 8/28/24 and 9/12/24. During an interview on 9/18/24 at 8:30 A.M., QMA 14 indicated if a resident requests a PRN medication, the QMA should notify the nurse and receive permission to administer the medication, then document the information, including the nurse notification, in a progress note. On 9/18/24 at 10:15 A.M., LPN 22 provided an undated facility policy titled, Qualified Medication Aide Scope of Practice. The policy included, "... (11) Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following:		completed no less than two times month for six months by the Director of Nursing and Wellness or designee. The Director of nursing and Wellness will report to the Community's Quality Assurance Committee and Executive Director any concerns with compliance ongoing. Systematic changes will be in effect by, 10/18/24. The facility respectfully requests a paper compliance review.	

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	(A) Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred. (B) Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact. (C) Obtain permission to administer the medication each time the symptoms occur in the resident. (D) Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty. This citation relates to complaints IN00441420 and IN00440245.			