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	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER BIRCH OF EVANSVILLE	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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00452909 and IN00454478. Complaint IN00452909 -no deficiencies related to the allegations are cited. Complaint IN00454478 - State deficiencies related to the allegations are cited at R0296. Survey date: February 27 & 28, 2025 Facility number: 014238 Residential Census: 102 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on March 4, 2025.	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 see and accept this plan of correction for this survey, please find the sufficient documentation 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. Submission of this plan of correction does not constitute admission or agreement by the provider of Silver Birch of Evansville.	
R 0296 Bldg. 00	410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance Based on record review and interview, the facility failed to ensure that there was a follow up policy for medications ordered from the pharmacy for 1 of 3 residents reviewed for self-administration of	R 0296	DONW/designee to provide education to Nurse/QMA regarding medication management. DONW/designee to create a	03/18/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dee Jolly	Administrator	03/14/2025

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.

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	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER BIRCH OF EVANSVILLE	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
	medication. (Resident S) Findings include: During an interview on 2/27/2025 at 3:15 P.M., Resident S indicated he normally takes the Ozempic on Sundays and had not the medication for 11 days. Resident S indicated he went to the Director of Nursing (DON) inquiring about why he had not received his supply of insulin that he thought was ordered a week ago. He indicated the DON ordered the medications with the supply arriving on 2/26/2025, but did not arrive until the morning of 2/27/2025, causing him to get the medication 4 days later than scheduled weekly dose of Sundays. Resident S indicated that the facility is supposed to order the medication for him. He takes the label off the Ozempic box and give it to RN 7 who will order the medications for him. He stated that he had done this a week before his supply was out because he did not want to miss any doses. On 2/27/2025 at 3:30 P.M., Resident S's clinical record was reviewed. Diagnosis included, but was not limited to, Type 2 Diabetes Mellitus without complications. The current service plan for medications revised on 9/8/2022 indicated the resident would be able to safely self-administrate medication supported with the following interventions: Medications are packaged from Name of Pharmacy dated 12/29/2023. Resident can safely administer their own medication, choose to have locked in a drawer, and have orders for staff to keep one day's supply worth of medication with him dated 1/25/20/2025.		tracking tool for placement of pharmacy re-order sheets for follow up. DONW/designee to monitor medication deliveries to verify receipt of medications ordered. Nurse/QMA to provide re-order sheets on a daily basis to the DONW/designee, DONW/designee to fax and verify receipt of fax. DONW/designee to create an audit tool to provide verification of re-ordered medications have been received. The audit tool will be completed daily for four weeks, weekly for four weeks, then monthly for three months.	

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	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER BIRCH OF EVANSVILLE	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
	Resident allows assistance with ordering medications dated 11/22/2024. Current physician orders included, but were not limited to: Resident may self-administer medication dated 2/27/2025. Ozempic (insulin) 0.25-0.5 Milligrams (Mg) (2 mg/ML) (Mg/milliliter). Inject 0.5 mg subcutaneously one time a day every Monday dated 11/7/2024. Ok to self-administer, creams, powder, lotions, inhalation treatments, and eye drops. No directions specified for order dated 6/13/2022. A Quarterly Medication Self-Administration Safety Screen dated 2/20/2025 completed by Registered Nurse (RN) 7 indicated Resident S was capable of administrating medications safely unsupervised. During an interview on 2/27/2025 at 3:45 P.M., the DON indicated she sent an order to Name of Pharmacy (ELP) on 2/25/2025. The DON provided an Order Audit Report indicating that it was linked on 2/25/2025. The last date that the Ozempic was ordered according to the Order Audit Summary was 2/3/2025. During an interview on 2/28/2025 at 9:40 A.M., RN 7 indicated she faxed on order for a supply of Ozempic on 2/17/2025. She provided a copy of the faxed supply order to ELP on 2/17/2025. The copy lacked a time when it was sent and a confirmation electronic fax received by the pharmacy.			

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	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SILVER BIRCH OF EVANSVILLE	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
	During an interview on 2/28/2025 at 10:00 A.M., a pharmacy technician from ELP indicated the pharmacy did not receive a fax on 2/17/25 when RN 7 stated that was sent. The technician indicated the only fax order received was on 2/25/2025. During an interview on 2/28/2025 at 11:50 A.M., the Administrator provided the current contract with ELP that lacked a reasonable date to follow up for missing medications. She indicated the DON did not follow up on ordering the Ozempic until the resident came to her and stated that he had not received the medications. She indicated that the facility had gotten a new printing machine and that probably fell through the cracks as far as ordering. During that same interview, the Administrator indicated the company did not have a policy on following up on medications once the order/fax was received. This citation relates to complaint IN00454478. .			