

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/17/2024

FORM APPROVED

OMB NO. 0938-039

|  |   |   |  |   |   |  |                            |
|--|---|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                                |   | X3) DATE SURVEY<br>COMPLETED<br>11/25/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BIRCH OF EVANSVILLE |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>475 S GOVERNOR STREET<br>EVANSVILLE, IN 47713 |   |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE |
| R 0000<br><br>Bldg. 00   | <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00446328 and IN00447740.</p> <p>Complaint IN00446328 - State deficiencies related to the allegations are cited at R349.</p> <p>Complaint IN00447740 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 21, 22, &amp; 25, 2024</p> <p>Facility number: 014238</p> <p>Residential Census: 103</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 1, 2024.</p> |   |  | R 0000  | <p>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.</p> |  |                            |
| R 0216<br><br>Bldg. 00   | <p>410 IAC 16.2-5-2(c)(1-4)(d)<br/>Evaluation - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure residents' weights were taken or recorded semiannually for 5 of 8 residents</p>  |   |  | R 0216  | <p>DONW or designee will educate all nursing staff on documentation</p>   |  | 12/17/2024                 |

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

TITLE

(X6) DATE

Dee Jolly

Administrator

12/13/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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|  | <p>reviewed for weights after admission. (Resident 1, Resident T, Resident 6, Resident 7, Resident C)</p> <p>Findings include:</p> <p>1. On 11/21/24 at 2:00 P.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. Resident 1 was admitted on 4/3/23.</p> <p>Resident 1's clinical record did not include a weight taken between 3/2/24 through 9/30/24.</p> <p>2. On 11/21/24 at 2:39 P.M., Resident T's clinical record was reviewed. Diagnoses included, but were not limited to, cerebral infarction. Resident T was admitted on 12/3/21.</p> <p>Resident T's clinical record did not include a weight taken between 2/2/24 through 10/1/24.</p> <p>3. On 11/22/24 at 1:04 P.M., Resident 6's clinical record was reviewed. Diagnoses included, but were not limited to, major depressive disorder. Resident 6 was admitted on 3/27/22.</p> <p>Resident 6's clinical record did not include a weight taken between 1/10/24 through 9/30/24.</p> <p>4. On 11/22/24 at 1:18 P.M., Resident 7's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. Resident was admitted on 6/9/23.</p> <p>Resident 7's clinical record did not include a weight taken between 6/27/23 through 3/24/24.</p> <p>5. On 11/21/24 at 3:00 P.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus. The resident was admitted to the facility on 10/4/22.</p> |   |  |   | <p>of vitals including weights each month per orders. Staff education will be completed by 12/17/24.</p> <p>DONW or designee will perform an audit monitoring weights weekly for two weeks, then every other week for two weeks then monthly for six months, to ensure compliance.</p> |  |                            |

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| R 0217<br><br>Bldg. 00   | <p>A Weights and Vitals Summary, provided by the Director of Nursing (DON) on 11/22/24 at 12:30 P.M., indicated Resident C was weighed by the facility on 1/9/24 and self-reported a weight on 8/2/24.</p> <p>On 11/25/24 at 10:55 A.M., the DON indicated that she preferred to weigh residents every month, but the facility policy was to weigh residents every three months.</p> <p>On 11/25/24 at 12:28 P.M., the DON provided a current Weight Monitoring policy, effective 2/14/20, that indicated "It is the policy of Silver Birch Living that all residents will be weighed upon admission and at least semiannually thereafter".</p> <p>410 IAC 16.2-5-2(e)(1-5)<br/>Evaluation - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure service plans were signed and dated for 7 of 8 residents who received services in the facility. (Resident 1, Resident M, Resident T, Resident 6, Resident 7, Resident 8, Resident D)</p> <p>Findings include:</p> <p>1. On 11/21/24 at 2:00 P.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. Resident 1 was admitted on 4/3/23.</p> <p>The most recent service plan, completed on 7/4/24, was not signed or dated by Resident 1.</p> <p>2. On 11/21/24 at 2:18 P.M. Resident M's clinical record was reviewed. Diagnoses included, but</p> |   | R 0217              | <p>DONW or designee will educate all nursing staff on residents signing and dating all service plans. Staff education will be completed by 12/17/24.</p> <p>DONW or designee will perform an audit that will be done weekly for two weeks, then every two weeks for two weeks, then monthly for six months. To ensure compliance.</p> |  | 12/17/2024                                 |  |

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|  | <p>were not limited to, chronic obstructive pulmonary disease. Resident M was admitted on 3/1/24.</p> <p>The most recent service plan, completed on 6/27/24, was not signed or dated by Resident M.</p> <p>3. On 11/21/24 at 2:39 P.M., Resident T's clinical record was reviewed. Diagnoses included, but were not limited to, cerebral infarction. Resident T was admitted on 12/3/21.</p> <p>The most recent service plan, completed on 7/12/24, was not signed or dated by Resident T.</p> <p>4. On 11/22/24 at 1:04 P.M., Resident 6's clinical record was reviewed. Diagnoses included, but were not limited to, major depressive disorder. Resident 6 was admitted on 3/27/22.</p> <p>The clinical record lacked a service plan review completed since 7/25/23.</p> <p>5. On 11/22/24 at 1:18 P.M., Resident 7's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. Resident was admitted on 6/9/23.</p> <p>The most recent service plan, completed on 7/12/24, was not signed or dated by Resident 7.</p> <p>6. On 11/21/24 at 1:59 P.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus. Resident D was admitted to the facility on 2/8/23.</p> <p>The most current Resident Service Plan, completed on 6/27/24, was not signed or dated by the resident.</p> <p>7. On 11/21/24 at 2:36 P.M., Resident 8's clinical record was reviewed. Diagnoses included, but</p> |   |  |   |  |  |                            |

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| R 0300<br><br>Bldg. 00   | <p>were not limited to, hypertension. Resident 8 was admitted to the facility on 11/2/21.</p> <p>The most current Resident Service Plan, completed on 9/27/24, was not signed or dated by the resident.</p> <p>On 11/22/24 at 8:19 A.M., the Director of Nursing (DON) indicated she could not find signed service plans and that she had the residents that were included in the survey sample sign their service plans on 11/21/24. At that time, the DON provided the service plans that were signed on 11/21/24. They were not dated.</p> <p>On 11/25/24 at 12:35 P.M., the DON indicated the facility did not have a service plan policy, but she expected service plans to be signed and dated as per the State regulation.</p> <p>410 IAC 16.2-5-6(c)(4)<br/>Pharmaceutical Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were properly stored and labeled for 3 of 3 medication carts observed. (100 Hall Medication Cart, 200 Hall Medication Cart, 300 Hall Medication Cart)</p> <p>Findings include:</p> <p>1. On 11/21/24 at 9:20 A.M., the following was observed in the 200 Hall Medication Cart:</p> <p>6 ondansetron (nausea medication) 4 mg (Milligram) pills without name and label<br/>1 large bottle of Tums (antacid) for (Resident Name) without label or open date</p> |   |  | R 0300  | <p>DONW or designee will educate all QMA's and nurse's on proper medication labeling and storage. Education to be completed by 12/17/24.</p> <p>DONW or designee will complete an audit weekly for three weeks, then every two weeks for two weeks, then monthly for six months, to ensure compliance.</p> |  | 12/17/2024                 |

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|  | <p>2. On 11/21/24 at 9:46 A.M., the following was observed in the 300 Hall Medication Cart:</p> <p>Airsupra (bronchodilator) inhaler without a name, label, or date opened<br/>1 large oblong blue pill<br/>1 small round pink pill</p> <p>3. On 11/21/24 at 9:50 A.M., the following was observed in the 100 Hall Medication Cart:</p> <p>1 small round peach pill<br/>2 small round pink pills<br/>1 bottle of Tussin DM (cough medicine) without a name, label, or open date<br/>1 bottle of B12 (vitamin) without a name, label, or open date</p> <p>During an interview on 11/21/24 at 9:22 A.M., QMA (Qualified Medication Aide) 7 indicated the Tums should have been discontinued because that resident had been discharged, there should be no loose pills in the medication cart, and everything should be labeled and dated.</p> <p>During an interview on 11/21/24 at 9:52 A.M., QMA 3 indicated bottles should be dated and labeled.</p> <p>On 11/25/24 at 12:29 P.M., the DON (Director of Nursing) provided a current Medication Administration Program policy, revised 3/24/21, that indicated "...the community will obtain prescribed medical authorization including a prescription label completed by a licensed pharmacy...and an area for storing medications in accordance with the Board of Pharmacy requirements...storage of medication is proper, separate from food and toxic chemicals, and accessible only to designated staff or appropriate</p> |   |  |   |  |  |                            |

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| R 0301<br><br>Bldg. 00   | <p>resident...".</p> <p>410 IAC 16.2-5-6(c)(5)<br/>Pharmaceutical Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication was labeled in 2 of 3 medication carts reviewed. Insulin pens were not labeled. (200 Hall Medication Cart, 300 Hall Medication Cart)</p> <p>Findings include:</p> <p>1. On 11/21/24 at 9:20 A.M., a Humalog insulin pen was observed laying in a drawer in the 200 Hall Medication Cart without a label or an open date.</p> <p>2. On 11/21/24 at 9:40 A.M., the following was observed lying in a drawer in the 300 Hall Medication Cart:</p> <p>2 Lantus insulin pens without a name, label, and open date<br/>1 Humalog insulin pen without a name, label, and open date<br/>1 Humalog insulin pen with (Resident Name) written in black marker, no label and open date</p> <p>During an interview on 11/21/24 at 9:44 A.M., QMA (Qualified Medication Aide) 11 indicated the pens should be labeled, dated, and locked in the medication drawer in the resident's room.</p> <p>On 11/25/24 at 12:29 P.M., the DON (Director of Nursing) provided a current Medication Administration Program policy, revised 3/24/21, that indicated "...the community will obtain prescribed medical authorization including a prescription label completed by a licensed pharmacy...and an area for storing medications in</p> |   | R 0301              | <p>DONW or designee will educate all QMA's and nurses on proper medication labeling and storage. Staff education to be completed by 12/17/24.</p> <p>DONW or designee will complete an audit weekly for three weeks, then every two weeks for two weeks, then monthly for six months, to ensure compliance.</p> |  | 12/17/2024                                 |  |

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| R 0349<br><br>Bldg. 00   | <p>accordance with the Board of Pharmacy requirements...".</p> <p>410 IAC 16.2-5-8.1(a)(1-4)<br/>Clinical Records - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure documentation was complete for 3 of 3 residents reviewed for insulin and 1 of 4 residents reviewed for mental health screening. Insulin administration was not documented in the Medication Administration Record (MAR) and the refusal of mental health services was not documented in the clinical record. (Resident T, Resident M, Resident D, Resident C)</p> <p>Findings include:</p> <p>1. On 11/21/24 at 1/21/24 at 3:00 P.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus.</p> <p>The October 2024 Medication Administration Record (MAR) indicated Resident C was to receive the following medications:<br/>Humalog (a fast-acting insulin) 100 units/milliliter (u/mL) - Inject 10 units subcutaneously three times a day for diabetes mellitus.<br/>Humalog 100 u/mL - Inject subcutaneously four times a day as per sliding scale; if 60-150 = 0; 151-200 = 3u; 201-250 = 5u; 251-300 = 7u; 301-350 = 9u; 351-400 = 11u; related to diabetes mellitus.<br/>Lantus Solostar (a long-acting insulin) 100 u/mL - Inject 30 units subcutaneously one time a day related to diabetes mellitus.</p> <p>The October 2024 MAR did not indicate that Resident C received 10 units of Humalog insulin on 10/25/24 at 4:00 P.M.</p> <p>The October 2024 MAR did not indicate a blood</p> |   | R 0349              | <p>DONW or designee will educate all clinical staff about addressing all orders on the MAR each shift. Staff education to be completed by 12/17/24.</p> <p>DONW or designee will perform an audit on medication Administration Report daily for two weeks, then weekly for two weeks, then monthly for six months to confirm compliance.</p> |  | 12/17/2024                                 |  |



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|  | <p>glucose level was obtained or that Resident C received sliding scale Humalog insulin on 10/25/24 at 4:00 P.M. and 8:00 P.M.</p> <p>The October 2024 MAR did not indicate that Resident C received 30 units of Lantus Solostar insulin on 10/25/24 at 6:00 P.M.</p> <p>2. On 11/21/24 at 1/21/24 at 1:59 P.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus.</p> <p>The October 2024 Medication Administration Record (MAR) indicated Resident D was to receive the following medications:<br/>Humalog (a fast-acting insulin) 100 units/milliliter (u/mL) - Inject 5 units subcutaneously three times a day for diabetes mellitus.<br/>Humalog 100 u/mL - Inject subcutaneously three times a day as per sliding scale; if 151-200 = 2u; 201-250 = 4u; 251-300 = 6u; 301-350 = 8u; 351-400 = 10u; related to diabetes mellitus.</p> <p>The October 2024 MAR did not indicate that Resident D received 10 units of Humalog insulin on 10/25/24 at 4:00 P.M.</p> <p>The October 2024 MAR did not indicate a blood glucose level was obtained or that Resident D received sliding scale Humalog insulin on 10/25/24 at 4:00 P.M.</p> <p>3. On 11/21/24 at 2:18 P.M., Resident M's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus.</p> <p>Current physician orders included, but were not limited to:<br/>Humalog (a fast-acting insulin) 100 units/ML Kwik Pen - Inject five units subcutaneously three times a day for diabetes mellitus, start date 10/8/24.</p> <p>Lantus Solostar (a long-acting insulin) 100</p> |   |  |   |  |  |                            |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                                |  | X3) DATE SURVEY<br>COMPLETED<br>11/25/2024 |                            |
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|  | <p>units/ML - Inject 12 units subcutaneously at bedtime related to diabetes mellitus, start date 10/7/24.</p> <p>Resident M's October 2024 Medication Administration Record (MAR) lacked documentation of administration of Humalog and Lantus Solostar on 10/25/24 at 8:00 P.M.</p> <p>4. On 11/21/24 at 2:39 P.M., Resident T's clinical record was reviewed. Diagnoses included, but were not limited to, major depressive disorder. Resident T was admitted on 12/3/21.</p> <p>Current physician orders included, but were not limited to:<br/>Fluoxetine HCl (an antidepressant medication) Capsule 10 milligrams (mg), give one capsule by mouth one time a day for depression, start date 6/21/24.</p> <p>Resident T's clinical record indicated Medicaid as the main payor source from 12/3/21 through 7/1/24. Resident T's clinical record lacked referral to a mental health service provider for a consultation on needed treatment services. Resident T's service plan did not address mental health, major depressive disorder, or refusal of mental health services.</p> <p>During an interview, on 11/22/24 at 2:50 P.M., the Director of Nursing (DON) stated Resident T declined mental health services but indicated there was no documentation within the clinical record of the refusal of services.</p> <p>On 11/25/24 at 8:20 A.M., the Director of Nursing (DON) indicated that she came in to give insulin second shift on 10/25/24 because there were not any staff who could give insulin available. She</p> |   |  |   |  |  |                            |

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|  | <p>indicated that she must have forgotten to mark in the MAR that she gave the insulins that day to the residents who required insulin.</p> <p>On 11/25/24 at 12:28 P.M., the DON provided a current Medication Administration Program policy, revised 3/24/21, that indicated "Residents receiving medication administration will have...documentation of the medication name, dose, time taken by resident ... Documentation in the medication record is complete and accurate...".</p> <p>On 11/25/24 at 12:28 P.M., the DON provided a current Progress Notes - Licensed Nursing policy, effective 8/1/18, that indicated "It is the responsibility of the licensed nursing staff to complete documentation in the resident's medical chart...".</p> <p>On 11/25/24 at 12:35 P.M., the Director of Nursing provided a policy, dated 3/24, titled "Core Process: Service Plans" that indicated "For residents living with a major mental illness: The residential care facility, in cooperation with the mental health service providers, shall develop the comprehensive care plan for the resident that includes the following: Psychosocial rehabilitation services that are to be provided within the community. A comprehensive range of activities to meet multiple levels of need, including the following: recreational and socialization activities; social skills; training, occupational, and work programs; opportunities for progression into less restrictive and more independent living arrangements".</p> <p>This citation relates to complaint IN00446328.</p> |   |  |   |  |  |                            |