

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

PRINTED: 09/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF MUNCIE				STREET ADDRESS, CITY, STATE, ZIP COD 2500 W KILGORE AVENUE MUNCIE, IN 47304			
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 29 & 30, 2023</p> <p>Facility number: 014034</p> <p>Residential Census: 111</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed September 7, 2023.</p>			R 0000	<p><i>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement 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 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 desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Joe Collins, Executive Director, Silver Birch of Muncie.</i></p>		
R 0383 Bldg. 00	<p>410 IAC 16.2-5-11.1(g)(1-2) Mental Health Screening - Deficiency (g) The residential care facility, in cooperation with the mental health service providers, shall develop the comprehensive careplan for the resident that includes the following: (1) Psychosocial rehabilitation services that are to be provided within the community. (2) A comprehensive range of activities to meet multiple levels of need, including the following:</p>						

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

TITLE

(X6) DATE

Jody Mayse

DONW

09/22/2023

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>(A) Recreational and socialization activities. (B) Social skills. (C) Training, occupational, and work programs. (D) Opportunities for progression into less restrictive and more independent living arrangements.</p> <p>Based on interview and record review, the facility failed to work in cooperation with the mental health service providers to develop the comprehensive mental health care plan for 3 of 3 residents reviewed for mental health services. (Residents 1, 101, and 106)</p> <p>Findings include:</p> <p>An undated, untitled, form, provided by the DON following the entrance conference on 8/29/23, indicated 16 residents had diagnoses of major mental illnesses. Residents 1, 101, and 106 were on the provided list.</p> <p>1. Resident 1's clinical record was reviewed on 8/29/23 at 11:59 a.m. Current mental health diagnoses included major depressive disorder and generalized anxiety disorder. The resident received Medicaid benefits and participated in the Medicaid waiver plan. The resident received the following psychopharmacological medications to address mental health diagnosis:</p> <p>a. Trazodone (an antidepressant which can be used to treat insomnia) HCL 50 mg (milligram), one daily at bedtime for insomnia. b. Wellbutrin XL (an antidepressant) 150 mg, one daily for major depressive disorder. c. Cymbalta (an antidepressant) 60 mg, one daily for recurrent major depressive disorder.</p> <p>The resident had a current service plan, dated</p>			R 0383	<p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p><i>All identified/affected residents had comprehensive mental health care plans incorporated into individualized Service Plans in cooperation with mental health service providers and/or primary care physicians.</i></p> <p>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p><i>All resident medical records/diagnosis/service plans, with a diagnosis of major mental illnesses were reviewed to identify/update missing or non-current comprehensive mental health care plans.</i></p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p>		10/15/2023

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	<p>5/19/23. The service plan lacked any service plan problem/need to address mental illness.</p> <p>The resident had a 7/5/23, "Level of Service Assessment/Evaluation" which indicated the following: "Exhibits inappropriate behavior: Resident paranoid at times, thinks people are talking about her, that no one likes her, that everyone wants her to move."</p> <p>The record lacked any coordination with the resident's mental health provider to address the following: (1) Psychosocial rehabilitation services that are to be provided within the community. (2) A comprehensive range of activities to meet multiple levels of need, including the following: (A) Recreational and socialization activities. (B) Social skills. (C) Training, occupational, and work programs. (D) Opportunities for progression into less restrictive and more independent living arrangements.</p> <p>2. Resident 101's clinical record was reviewed on 8/29/23 at 2:33 p.m. Current mental health diagnoses included Post Traumatic Stress Disorder (PTSD), major depressive disorder recurrent, and anxiety disorder. The resident received Medicaid benefits and participated in the Medicaid waiver plan. The resident received the follow psychopharmacological medications to address mental health diagnosis:</p> <p>a. Buspirone (an anti-anxiety medication) 15 mg, one tablet two times daily for anxiety. b. Mirtazapine (an anti-depressant medication) 30 mg, one tablet daily for major depressive disorder-recurrent.</p>				<p><i>The Director of Nursing and Wellness or designee, upon admission and Quarterly, will review (and update, if necessary) all new and current resident service plans and develop (and update, if necessary) appropriate comprehensive mental health care plans, when required.</i></p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p><i>Findings of the quarterly review will be reported by the Director of Nursing and Wellness or designee, to the QAPI Committee quarterly, for one year. Then, the QAPI Committee will determine the need for continued or additional corrective actions to maintain compliance.</i></p> <p>5 By what date the systemic changes will be completed:</p> <p>Systematic changes will be in effect by <u>10/15/23</u>. The facility respectfully requests a paper compliance review.</p>		

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	<p>c. Ariprazole (an anti-psychotic medication also used to treat depression) 2 mg, one tablet daily.</p> <p>The resident had a current service plan, dated 5/19/23. The service plan lacked any service plan problem/need to address mental illness.</p> <p>The record lacked any coordination with the resident's mental health provider to address the following:</p> <p>(1) Psychosocial rehabilitation services that are to be provided within the community.</p> <p>(2) A comprehensive range of activities to meet multiple levels of need, including the following:</p> <p>(A) Recreational and socialization activities.</p> <p>(B) Social skills.</p> <p>(C) Training, occupational, and work programs.</p> <p>(D) Opportunities for progression into less restrictive and more independent living arrangements.</p> <p>3. Resident 106's clinical record was reviewed on 8/29/23 at 3:03 p.m. Current mental health diagnoses included bipolar disorder, anxiety disorder, and major depressive disorder-recurrent. The resident was admitted to the facility on 10/11/21. The resident received Medicaid benefits and participated in the Medicaid waiver plan. The resident received the follow psychopharmacological medications to address mental health diagnosis:</p> <p>a. Clonazepam (an anti-anxiety medication) 1 mg, one tablet one time daily for anxiety.</p> <p>The resident had a current service plan, dated 7/4/23. The service plan lacked any service plan problem/need to address mental illness.</p> <p>The record lacked any coordination with the</p>						

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	<p>resident's mental health provider to address the following:</p> <p>(1) Psychosocial rehabilitation services that are to be provided within the community.</p> <p>(2) A comprehensive range of activities to meet multiple levels of need, including the following:</p> <p>(A) Recreational and socialization activities.</p> <p>(B) Social skills.</p> <p>(C) Training, occupational, and work programs.</p> <p>(D) Opportunities for progression into less restrictive and more independent living arrangements.</p> <p>During an interview on 8/30/23 at 2:00 p.m., the DON indicated Residents 1, 101, and 106 had not seen a specialized mental health provider. They each had their mental health needs managed by their primary care provider. The facility had no record of coordinating mental health services with the residents primary care providers nor a specific plan of care regarding mental health needs.</p> <p>During an interview on 8/30/23 at 2:55 p.m., the DON indicated the facility did not have a policy or procedure regarding mental health services.</p>						