

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 10/30/2023
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NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD	STREET ADDRESS, CITY, STATE, ZIP COD 3731 WEST COOK ROAD FORT WAYNE, IN 46818
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	<p>resident was to sign his name to a report form after receiving medications by staff. Resident F had memory impairment and needed staff to administer his medications because he would forget. He was to sign his name after getting the medication so there would be proof he received it should he forget. The family member indicated it was part of the resident's service plan the staff would get signatures 3 times per day after receiving his medications. The family member asked to see where the resident had signed for his medications and was shown 3 little books with dates written over and pages and dates missing. They alleged they asked to see the documentation the resident had received his medications because they had found 10 pills in the resident's room he should have taken.</p> <p>On 10/30/23 at 1:35 P.M., Resident F's record was reviewed. Diagnoses included mild cognitive impairment and bi-polar disorder.</p> <p>A service plan, dated 8/10/23, indicated the resident would be supported to take all medications safely and as ordered. Staff were to administer and supervise taking medications and have the resident sign a form after taking them.</p> <p>On 10/30/23 at 2:22 P.M., QMA 3 (Qualified Medication Aid) indicated the resident was supposed to be supervised when given medications to make sure he swallowed them and then he was to sign off he had received them. The QMA indicated signing he had received his medicines was important because when he forgot he had taken them, he would get angry and agitated so staff would show him where he signed his name to indicate he had gotten his medication.</p> <p>On 10/30/23 at 3:20 P.M., the Assistant Health and</p>		<p><i>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 Hemmington Mwanza, Interim Executive Director, Silver Birch at Cook Road.</i></p> <p>ID Prefix Tag: R 240</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The Director of Nursing & Wellness (DONW) or designee will review the service plan of Resident F and meet with Resident F and Resident F's representative to collaboratively discuss any changes necessary in accordance with the resident's preferences and care needs and in consideration of resident's safety and wellbeing. Following review, any additional changes will be made, if needed, and the identified parties will sign and date the</p>	

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	<p>Wellness Director was interviewed. The resident had 3 little books- not organized, labeled, or completed. His signature following each medication administration was part of the resident record and provided proof the staff provided services per his service plan. Review of the books indicated the following dates, times, and signatures were missing for October 2023: 10/6, 10/9 (evening dose), 10/17 (evening dose), 10/18, 10/22, 10/24, 10/27, 10/28, and 10/29/23.</p> <p>A current facility policy, titled "Service/Care Plan" was provided on 10/30/23 at 3:33 P.M. by the Assistant Health and Wellness Director, which stated "A Service/Care Plan means the written plan between a resident or resident's designated representative and the community about the services that will be provided to the resident ...Silver Birch Cook Rd will implement and provide all services indicated in the service/care plan"</p> <p>This citation relates to Complaint IN00419864.</p>		<p>Service Plan. Additionally, Resident F and Resident F's representative will be educated regarding the importance of reaching out to on-duty clinical staff any time there are questions or clarity needed regarding medications administered to ensure that the resident has a timely, accurate information as reflected in Resident F's medical record.</p> <p>2 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A review of all Community residents' Service Plans was conducted. No other residents have been identified with interventions including signing a document following medication administration (as requested by a resident as a preference). All residents receiving medication administration services, including Resident F, have medication administration related detail included in their resident record.</p> <p>3 What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p>		

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			<p>The DONW, or designee, will educate Community licensed nurse(s) on service plans. Effective 11/13/2023, the DONW, or designee, will review all completed Service Plans to ensure that resident needs and preferences including, but not limited to: medication management.</p> <p>4 How will the corrective action(s) be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place)?</p> <p>Effective 11/13/2023, the DONW, or designee, will review all completed Service Plans to ensure that resident needs and preferences including, but not limited to: medication management. This review will occur on a weekly basis for (4) weeks; if 100% compliance is met, the review will continue every (2) weeks for (1) month; if 100% compliance is met, the review will continue every (1) month for (1) months. If 100% compliance is not met in the noted frequency, the audit will resume to weekly which re-begins the previously noted review sequence. The Director of Nursing and Wellness, or designee, will report to the Community's Quality Assurance & Performance Improvement</p>	

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			<p>Committee and Executive Director updates until the QAPI Committee determines area is resolved.</p> <p>5 By what date the systemic changes will be completed: systemic changes will be in effect by 11/16/2023. The facility respectfully requests a paper compliance review.</p>		