

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 <b>08/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH AT COOK ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3731 WEST COOK ROAD FORT WAYNE, IN 46818</b>
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00384287, IN00384710, IN00384853, and IN00386791.</p> <p>Complaint IN0038287- Unsubstantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00384710- Unsubstantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00384853- Unsubstantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00386791 - Substantiated. State Residential Findings related to the allegations are cited at R0064 and R0304.</p> <p>Survey date: August 24 and 25, 2022.</p> <p>Facility number: 014553</p> <p>Residential Census: 113</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed August 26, 2022</p>	R 0000		
R 0064  Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for</p>			

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

TITLE

(X6) DATE

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>investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review, the facility failed to ensure controlled substances were free from misappropriation for 7 of 7 Residents. ( Resident B, Resident S, Resident T, Resident W, Resident X, Resident Y, and Resident Z)</p> <p>Findings included:</p> <p>A record review began on 8/24/2022 at 11:30 AM, Indiana State department of Health survey report system incident, indicated on 8/1/2022 the ED (Executive Director), was notified by LPN 1's husband, LPN 1 allegedly removed Resident S's narcotics from the community and had them at her home. A follow up added 8/10/2022, indicated on further investigation, numerous empty Narcotic packages were discovered under the desk of LPN 1. Photographs sent to the ED showed Resident S's pills in an intact blister pack and were not popped open. Additionally, the liquid medication bottle displayed Resident S's name; the photos were not taken inside of the community. Destruction sheets were audited, but did not confirm the destruction of the Narcotics in question.</p> <p>In an interview on 8/25/2022 at 10:24 AM, the Regional Nurse Director, indicated during the investigation, they found several narcotic medication cards with the narcotic count sheets but could not verify what happened to the medications. The facility procedure, when someone destroys the medication, a nurse and QMA (qualified medication aide) should sign and date when medication was destroyed and a medication disposition form completed. During the investigation they could not find</p>	R 0064	<p>Resident B- not identified Resident S- not identified Resident T- not identified Resident W- not identified Resident X- not identified Resident Y- not identified Resident Z- not identified</p> <p><b><u>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:</u></b></p> <p>Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice. LPN 1 is no longer employed at the Community and was reported to the Indiana State Department of Health. Staff will be in-serviced by the ED or DONW by or on 9/16/22. This re-education will include Resident Rights, Abuse, Neglect and Misappropriation.</p> <p>- <b><u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u></b></p> <p>The ED or designee will conduct audits to assess employee understanding of resident's rights, abuse, neglect and misappropriation. The audits will</p>	09/19/2022

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	<p>documentation the narcotics had been destroyed. In LPN 1's office, multiple resident's empty medication cards were discovered with their count sheet and no documentation of the medication being destroyed. The Regional Nurse Director indicated the facility would be making a police report on this.</p> <p>1. A record review on 8/25/2022 at 9:30 AM, indicated Resident B, had a physician order dated 5/3/2022, to give Oxycodone 10-325 mg (milligrams) as needed for moderate pain.</p> <p>A review of Resident B's narcotic count sheet labeled Oxycodon 10-325 mg total of 30 tablets. First tablet given, dated 4/12/2022. Last tablet, given dated 6/23/2022- 3 tablets remained. There were 2 more narcotic count sheets with 30 tablets each for a total of 60 tablets. There was not a medication disposition form and or two signatures to indicate these medications were destroyed.</p> <p>2. A record review on 8/25/2022 at 10:00 AM, indicated Resident S, had a physician order dated 6/9/2022, to give Morphine Sulfate (Concentrate) Solution 100mg/5 milliliter (ML) as needed for pain.</p> <p>A physician order dated 6/17/2022, indicated to give Morphine Sulfate ER (Extended Release) 15 mg, give two times a day for pain.</p> <p>A review of Resident S's narcotic count sheet for Morphine Sulfate solution 100 mg/5 ml was completed. The count sheet indicated 30 ml had not been given. There was not a medication disposition form and or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident S's narcotic count sheet for</p>		<p>occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then weekly for 4 weeks. Any identified deficiencies will be corrected at the time of discovery.</p> <p>- <b><u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></b> The ED or designee will present audit findings to the Quality Assurance (QA) Committee. The QA Committee will determine if continued audits are necessary based on three consecutive months of compliance.</p> <p><b><u>What date the systemic changes will be completed:</u></b> Completion date: September 19, 2022 The facility respectfully requests paper compliance.</p>	

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	<p>Morphine Sulfate ER 15mg tablet was completed. The count sheet with 14 tablets remained- none were given. There was not a medication disposition form and or two signatures to indicate this medication was destroyed.</p> <p>An observation on 8/25/2022 at 10:15 AM of a photo with Resident S's medication card from the investigation, indicated the Morphine Sulfate ER 15 mg tablet had two medication tablets left in the medication card that had not been given.</p> <p>3. A record review on 8/25/2022 at 11:00 AM, indicated Resident T, had a physician order dated 5/17/2022 to give Hydrocodone-Acetaminophen 5-325 mg two times a day for pain.</p> <p>A review of Resident T's narcotic count sheet labels Hydrocodone-Acetaminophen 5-325 mg, total of 30 tablets was completed. The first tablet was given on 7/8/2022. The last tablet was given on 7/10/2022 total of 24 tablets should have been remaining. There was not a medication disposition form and or two signatures to indicate this medication was destroyed.</p> <p>In an observation on 8/25/2022 at 11:00 AM, Resident T's empty medication card of Hydrocodone-Acetaminophen 5-325 mg indicated there were no tablets remaining.</p> <p>4. A record review on 8/25/2022 at 11:30 AM, indicated Resident W, had a physician order dated 7/29/2021 to give Morphine Sulfate ER 15mg, one tablet two times a day for lower back.</p> <p>A physician order dated 7/29/2022, indicated to give Hydrocodone-Acetaminophen 10-325 mg tablet, 1 tablet every 4 hours for lower back pain.</p>			

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	<p>A review of Resident W's narcotic count sheet labeled Morphine Sulfate ER 15mg- total of 30 tablets. Only one was given on 4/19/2022, 29 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Morphine Sulfate ER 15mg was completed. The count sheet with 28 tablets remained indicated none were given. There was not a medication disposition form or two signatures to indicated this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Hydrocodone-Acetaminophen 10-325mg total of 26 tablets. The first tablet was given on 4/19/2022. The last tablet was given on 4/19/2022,- 21 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Hydrocodone-Acetaminophen 10-325mg. The count sheet with 30 tablets remained none were given. There was not a medication disposition form or two signatures to indicated this medication was destroyed. Five cards labeled Hydrocodone-Acetaminophen 10-325mg with 30 tablets did not have a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>5. A record review on 8/25/2022 at 12:00 PM, indicated Resident X, had a physician order dated 6/8/2021 to give Hydrocodone-Acetaminophen 5-325mg 1 tablet, three times a day for pain.</p> <p>A review of Resident X's narcotic count sheet labeled Hydrocodone-Acetaminophen 5-325mg</p>			

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	<p>total of 20 tablets was completed. The first tablet was given on 7/12/2022. The last tablet was given on 7/14/2022, 24 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>6. A record review on 8/25/2022 at 12:35 PM, indicated Resident Y, had a physician order dated 8/28/2020, to give Hydrocodone-Acetaminophen 5-325mg 1 tablet as needed for pain.</p> <p>A physician order dated 10/13/2020, to give Hydrocodone-Acetaminophen 5-325mg 1 tablet three times a day for pain.</p> <p>An observation was made of Resident Y's empty medication card labeled Hydrocodone-Acetaminophen 5-325 mg. There was not a narcotic count sheet, a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>7. A record review on 8/25/2022 at 1:15 PM, indicated Resident Z, had a physician order dated 5/20/2022, to give Oxycodone HCL 5 mg 1 tablet as needed for pain.</p> <p>A review of Resident Z's narcotic count sheet labeled Oxycodone HCL 5 mg, had a total of 21 tablets. The first tablet was given on 6/13/2022. The last tablet was given on 6/24/2022, 12 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident Z's narcotic count sheet labeled Oxycodone HCL 5mg was completed. The count sheet indicated 30 tablets remained -none were given. There was not a medication disposition form or two signatures to indicate this</p>			

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R 0304 Bldg. 00	<p>medication was destroyed but the empty medication card of Oxycodone HCL 5 mg was observed.</p> <p>A current facility policy, Medication Disposal policy, dated 8/11/2018, was provided by the Regional Nurse Director on 8/25/2022 at 12:33 PM. The policy indicated..." Disposal of controlled medication is accomplished by pouring into a dissolving medication solution, coffee grounds, or kitty litter, and witnessed by the Executive Director/Director of health and wellness and another facility employee approved by the Executive Director to perform this function...For all types of medications, a drug disposal record must be completed which includes the following information: 1. name of medication. 2. Remaining amount of medication being disposed. 3. Resident name. 4. Method of disposal. 5. Date of disposal. 6. Signature of the two witnesses disposing of the medication...Controlled medications require additional documentation when disposal takes place. A narcotic count sheet (in addition to the drug disposal record) is also signed by the two witnesses's, verifying the number of medications being disposed, date and why medication is discontinued. Disposal of non-controlled medications may be performed by two Qualified Medication Aides..."</p> <p>This State citation is related to Complaint IN00386791</p> <p>410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual</p>			

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	<p>containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.</p> <p>Based on interview and record review, the facility failed to ensure that Controlled Substances were maintained in a secured environment for 7 of 7 residents. (Resident B, Resident S, Resident T, Resident W, Resident X, Resident Y, and Resident Z)</p> <p>Findings included:</p> <p>A record review began on 8/24/2022 at 11:30 AM, Indiana State department of Health survey report system incident, indicated on 8/1/2022 the ED (Executive Director), was notified by LPN 1's husband, LPN 1 allegedly removed Resident S's narcotics from the community and had them at her home. A follow up added 8/10/2022, indicated on further investigation, numerous empty Narcotic packages were discovered under the desk of LPN 1. Photographs sent to the ED showed Resident S's pills in an intact blister pack and were not popped open. Additionally, the liquid medication bottle displayed Resident S's name; the photos were not taken inside of the community. Destruction sheets were audited, but did not confirm the destruction of the Narcotics in question.</p> <p>In an interview on 8/25/2022 at 10:24 AM, the Regional Nurse Director, indicated during the investigation, they found several narcotic medication cards with the narcotic count sheets but could not verify what happened to the medications. The facility procedure, when someone destroys the medication, a nurse and QMA (qualified medication aide) should sign and date when medication was destroyed and a medication disposition form completed. During</p>	R 0304	<p><b>R304</b></p> <p><b><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u></b></p> <p>Resident B Resident S Resident T Resident W Resident X Resident Y Resident Z</p> <p>-</p> <p><b><u>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:</u></b></p> <p>Residents that reside at Silver Birch have the potential to be affected by this alleged deficient practice. Staff will be in-serviced by or on 9/16/22 on proper medication storage and disposal.</p> <p>-</p> <p><b><u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u></b></p> <p>The DONW or designee will conduct audits to ensure that medications are being properly stored, secured and disposed of.</p>	09/19/2022

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	<p>the investigation they could not find documentation the narcotics had been destroyed. In LPN 1's office, multiple resident's empty medication cards were discovered with their count sheet and no documentation of the medication being destroyed. The Regional Nurse Director indicated the facility would be making a police report on this.</p> <p>1. A record review on 8/25/2022 at 9:30 AM, indicated Resident B, had a physician order dated 5/3/2022, to give Oxycodone 10-325 mg (milligrams) as needed for moderate pain.</p> <p>A review of Resident B's narcotic count sheet labeled Oxycodon 10-325 mg total of 30 tablets. First tablet given, dated 4/12/2022. Last tablet, given dated 6/23/2022- 3 tablets remained. There were 2 more narcotic count sheets with 30 tablets each for a total of 60 tablets. There was not a medication disposition form and or two signatures to indicate these medications were destroyed.</p> <p>The medication cardss and count sheets were found inside of LPN 1's office.</p> <p>2. A record review on 8/25/2022 at 10:00 AM, indicated Resident S, had a physician order dated 6/9/2022, to give Morphine Sulfate (Concentrate) Solution 100mg/5 milliliter (ML) as needed for pain.</p> <p>A physician order dated 6/17/2022, indicated to give Morphine Sulfate ER (Extended Release) 15 mg, give two times a day for pain.</p> <p>A review of Resident S's narcotic count sheet for Morphine Sulfate solution 100 mg/5 ml was completed. The count sheet indicated 30 ml had not been given. There was not a medication</p>		<p>The audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then weekly for 4 weeks. Any noted deficiencies will be addressed at the time of discovery.</p> <p><b><u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></b></p> <p>The DONW or designee will present any findings to the Quality Assurance (QA) Committee. The QA Committee will determine if continued audits are necessary based on three consecutive months of compliance.</p> <p><b><u>What date the systemic changes will be completed:</u></b></p> <p>Completion date: September 19, 2022</p> <p>The facility respectfully requests paper compliance.</p>	

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	<p>disposition form and or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident S's narcotic count sheet for Morphine Sulfate ER 15mg tablet was completed. The count sheet with 14 tablets remained- none were given. There was not a medication disposition form and or two signatures to indicate this medication was destroyed.</p> <p>The medications and count sheet was found inside of LPN 1's office.</p> <p>An observation on 8/25/2022 at 10:15 AM of a photo with Resident S's medication card from the investigation, indicated the Morphine Sulfate ER 15 mg tablet had two medication tablets left in the medication card that had not been given.</p> <p>3.A record review on 8/25/2022 at 11:00 AM, indicated Resident T, had a physician order dated 5/17/2022 to give Hydrocodone-Acetaminophen 5-325 mg two times a day for pain.</p> <p>A review of Resident T's narcotic count sheet labels Hydrocodone-Acetaminophen 5-325 mg, total of 30 tablets was completed. The first tablet was given on 7/8/2022. The last tablet was given on 7/10/2022 total of 24 tablets should have been remaining. There was not a medication disposition form and or two signatures to indicate this medication was destroyed.</p> <p>In an observation on 8/25/2022 at 11:00 AM, Resident T's empty medication card of Hydrocodone-Acetaminophen 5-325 mg indicated there were no tablets remaining.</p> <p>The medications were found inside of LPN 1's office.</p>			

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	<p>4. A record review on 8/25/2022 at 11:30 AM, indicated Resident W, had a physician order dated 7/29/2021 to give Morphine Sulfate ER 15mg, one tablet two times a day for lower back.</p> <p>A physician order dated 7/29/202, indicated to give Hydrocodone-Acetaminophen 10-325 mg tablet, 1 tablet every 4 hours for lower back pain.</p> <p>A review of Resident W's narcotic count sheet labeled Morphine Sulfate ER 15mg- total of 30 tablets. Only one was given on 4/19/2022, 29 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Morphine Sulfate ER 15mg was completed. The count sheet with 28 tablets remained indicated none were given. There was not a medication disposition form or two signatures to indicated this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Hydrocodone-Acetaminophen 10-325mg total of 26 tablets. The first tablet was given on 4/19/2022. The last tablet was given on 4/19/2022,- 21 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident W's narcotic count sheet labeled Hydrocodone-Acetaminophen 10-325mg. The count sheet with 30 tablets remained none were given. There was not a medication disposition form or two signatures to indicated this medication was destroyed. Five cards labeled Hydrocodone-Acetaminophen 10-325mg with 30 tablets did not have a medication disposition form</p>			

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 <b>08/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH AT COOK ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3731 WEST COOK ROAD FORT WAYNE, IN 46818</b>
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	<p>or two signatures to indicate this medication was destroyed..</p> <p>The medications and count sheets were found inside of LPN 1's office.</p> <p>5. A record review on 8/25/2022 at 12:00 PM, indicated Resident X, had a physician order dated 6/8/2021 to give Hydrocodone-Acetaminophen 5-325mg 1 tablet, three times a day for pain.</p> <p>A review of Resident X's narcotic count sheet labeled Hydrocodone-Acetaminophen 5-325mg total of 20 tablets was completed. The first tablet was given on 7/12/2022. The last tablet was given on 7/14/2022, 24 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>The medications and count sheets were found inside of LPN 1's office.</p> <p>6. A record review on 8/25/2022 at 12:35 PM, indicated Resident Y, had a physician order dated 8/28/2020, to give Hydrocodone-Acetaminophen 5-325mg 1 tablet as needed for pain.</p> <p>A physician order dated 10/13/2020, to give Hydrocodone-Acetaminophen 5-325mg 1 tablet three times a day for pain.</p> <p>An observation was made of Resident Y's empty medication card labeled Hydrocodone-Acetaminophen 5-325 mg. There was not a narcotic count sheet, a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>The medications and count sheets were found inside of LPN 1's office.</p>			

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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH AT COOK ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP COD <b>3731 WEST COOK ROAD FORT WAYNE, IN 46818</b>
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	<p>7.A record review on 8/25/2022 at 1:15 PM, indicated Resident Z, had a physician order dated 5/20/2022, to give Oxycodone HCL 5 mg 1 tablet as needed for pain.</p> <p>A review of Resident Z's narcotic count sheet labeled Oxycodone HCL 5 mg, had a total of 21 tablets. The first tablet was given on 6/13/2022. The last tablet was given on 6/24/2022, 12 tablets were left. There was not a medication disposition form or two signatures to indicate this medication was destroyed.</p> <p>A review of Resident Z's narcotic count sheet labeled Oxycodone HCL 5mg was completed. The count sheet indicated 30 tablets remained -none were given. There was not a medication disposition form or two signatures to indicate this medication was destroyed but the empty medication card of Oxycodone HCL 5 mg was observed.</p> <p>The empty medication cards and count sheets were found inside of LPN 1's office.</p> <p>In an interview on 8/25/2022 at 12:22 PM' QMA 2 indicated there were two keys, one to open main cart and 2nd to open narcotic box. QMA 2 indicated the overflow of narcotics were in the EDK (emergency drug kit). A licensed nurse and director of nursing were the only ones with access. QMA 2 counted the narcotics at the beginning of shift and at the end of the shift she would count with the on-coming shift.</p> <p>A current facility policy, Narcotic Storage Policy, dated 1/20/2020, was provided by the Director of Nursing/Wellness on 8/25/2022 at 1:53 PM. The</p>			

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

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FORM APPROVED

OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH AT COOK ROAD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3731 WEST COOK ROAD FORT WAYNE, IN 46818</b>		
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	<p>policy indicate..." All drugs in schedules 2 and 3 controlled substances are to be stored under double lock, such as in Narc box on a medication cart, or in a locked refrigerator in a locked medication room...All drugs in schedule 4 and 5 substances are to be stored in the locked medication cart and under double lock if ordered as needed... Schedule 2 and 3 controlled drugs must be locked in the narcotics box at all times...Schedule 4 and 5 controlled drugs given routinely, can be with regular pass medication. If it is a as needed, it must be locked in the narcotics box...."</p> <p>This State citation is related to IN00386791.</p>				