

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/01/2026
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF HAMMOND		STREET ADDRESS, CITY, STATE, ZIP CODE 5620 SOHL AVENUE, HAMMOND, , 46320			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 471444, 471517, and 471538. Intake 471444 - No deficiencies related to the allegations are cited. Intake 471517 - No deficiencies related to the allegations are cited. Intake 471539 - No deficiencies related to the allegations are cited. Survey date: September 1, 2026 Facility number: 013801 Residential Census: 105 Silver Birch of Hammond was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 471444, 471517, and 471539. Quality review completed on	R 0000			

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FORM APPROVED

OMB NO. 0938-0391

9/8/26.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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