STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF MUNCIE	2500 W KILGORE AVENUE, MUNCIE, , 47304

(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 Complaints IN00410692, IN00411396, IN00411401 and IN00411994. Complaint IN00410692 - No deficiencies related to the allegations are cited. Complaint IN00411396 - No deficiencies related to the allegations are cited. Complaint IN00411401 - No deficiencies related to the allegations are cited. Complaint IN00411994 - No deficiencies related to the allegations are cited. Survey date: July 5, 2023. Facility number: 014034 Residential Census: 110 Silver Birch of Muncie was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints	R 0000		

	IN00410692, IN00411396, IN00411401 and IN00411994. Quality review completed July 13, 2023.			

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