

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                  |                                                                 |                                                 |
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| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTIONS                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                     |                                  | (X2) MULTIPLE<br>CONSTRUCTION<br><br>A. BUILDING<br><br>B. WING | (X3) DATE SURVEY<br>COMPLETED<br><br>01/05/2023 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BIRCH OF MUNCIE                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP<br>CODE<br><br>2500 W KILGORE AVENUE, MUNCIE, ,<br>47304 |                                  |                                                                 |                                                 |
| (X4) ID<br>PREFIX TAG                                                                                                                                                                                                                             | SUMMARY STATEMENT OF<br>DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                     | ID PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION... | (X5)<br>COMPLETION<br>DATE                                      |                                                 |
| R 0000                                                                                                                                                                                                                                            | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on November 18, 2022.</p> <p>Survey dates: January 5, 2023</p> <p>Facility number: 014034</p> <p>Residential Census: 104</p> <p>Silver Birch of Muncie was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed January 9, 2023.</p> | R 0000                                                                                    |                                  |                                                                 |                                                 |
| 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<br>PROVIDER/SUPPLIER REPRESENTATIVE'S<br>SIGNATURE                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | TITLE                            | (X6) DATE                                                       |                                                 |