STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF MICHIGAN CITY	4400 EAST MICHIGAN BLVD, MICHIGAN CITY, , 46360

(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 466863, 467126, and 467166. Intake 466863 - No deficiencies related to the allegations are cited. Intake 467126 - No deficiencies related to the allegations are cited. Intake 467166 - No deficiencies related to the allegations are cited. Survey date: January 8, 2026 Facility number: 14052 Residential Census: 113 Silver Birch of Michigan City was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 466863, 467126, and 467166. Quality review completed on 1/9/26.	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 PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE