

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 04/01/2026	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF KOKOMO		STREET ADDRESS, CITY, STATE, ZIP CODE 408 S WASHINGTON STREET, KOKOMO, , 46901					
(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 466555, 468370, 468932, 468933 and 468934. Intake 466555-No deficiencies related to the allegations are cited. Intake 468370-No deficiencies related to the allegations are cited. Intake 468932-No deficiencies related to the allegations are cited. Intake 468933-No deficiencies related to the allegations are cited. Intake 468934-No deficiencies related to the allegations are cited. Survey dates: April 1, 2026 Facility number: 014137	R 0000					

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

FORM APPROVED

OMB NO. 0938-0391

Residential Census: 96 Silver Birch of Kokomo was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 466555, 468370, 468932, 468933 and 468934. Quality review was completed on April 9, 2026.			
--	--	--	--

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
---	-------	-----------