

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 04/16/2025
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 475 S GOVERNOR STREET, EVANSVILLE, , 47713			
(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 Complaint IN00457606. Complaint IN00457606: No deficiencies related to the allegation(s) are cited. Survey date: April 16, 2025 Facility number: 014238 Census Bed Type: Residential: 98 Total: 98 Census Payor Type: Medicaid: 96 Other: 2 Total: 98	R 0000			

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FORM APPROVED

OMB NO. 0938-0391

Silver Birch of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00457606. Quality review completed on April 17, 2025.				
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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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