STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF EVANSVILLE	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 IN00462261, IN00461776, IN00460561. Complaint IN00462261- No deficiencies related to the allegations are cited. Complaint IN00461776- No deficiencies related to the allegations are cited. Complaint IN00460561- No deficiencies related to the allegations are cited. Survey date: July 10, 11, 14, 2025. Facility number: 014238 Residential Census: 94 Silver Birch Of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00462261, IN00461776, IN00460561.	R 0000		

	Quality review completed on July 14, 2025.			

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