

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 08/03/2023	
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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00410698 and Complaint IN00410685 completed on June 29, 2023. This visit was in conjunction with the Investigation of Complaint IN00412759, IN00412579 and IN00412560. Complaint IN00410698 - Corrected Complaint IN00410685 - Corrected Survey dates: August 1, 2, 3, 2023. Facility number: 014238 Residential Census: 113 Silver Birch of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00410698 and IN00410685.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	Quality review completed on August 7, 2023.			
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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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