| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 02/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVER BIRCH OF MISHAWAKA | 3630 HICKORY ROAD, MISHAWAKA, , 46545 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
|---|---|---|---|---|
| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Intakes 467764, 467645, 467654, 467526, and 467538.<br><br>Intake 467764- No deficiencies related to the allegations are cited.<br><br>Intake 467645- No deficiencies related to the allegations are cited.<br><br>Intake 467654- No deficiencies related to the allegations are cited.<br><br>Intake 467526- No deficiencies related to the allegations are cited.<br><br>Intake 467538- No deficiencies related to the allegations are cited.<br><br>Survey dates: 2/4/2026 and 2/5/2026<br><br>Facility number: 014260 | R 0000 | | |

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|---|---|---|---|---|
| | Census Bed Type:<br><br>Residential: 103<br><br>Total: 103<br><br>Census Payor Type:<br><br>Medicaid: 79<br><br>Other: 24<br><br>Total: 103<br><br>Silver Birch of Mishawaka was found to be in complaince with 410 IAC 16.2-5 in regards to the Investigation of Intakes 467654, 467526, 467538, 467645 and 467654.<br><br>Quality Review completed on 2/13/2026 | | | |

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 |
|---|---|---|
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