STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/11/2023

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 This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00402391 and IN00402722 completed on 3/2/2023. This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00399126 completed on 1/26/2023. Complaint IN00402391 - Corrected Complaint IN00402722 - Corrected Survey dates: April 10 & 11, 2023 Facility number: 014260 Residential Census: 113 Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of	R 0000		

Complaints IN00402391 and IN00402722. This was also a PSR to the State Residential Licensure Survey.

Quality review completed 4/21/2023.

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00402391 and IN00402722 completed on 3/2/2023.

This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00399126 completed on 1/26/2023.

Complaint IN00402391 - Corrected

Complaint IN00402722 - Corrected

Survey dates: April 10 & 11, 2023

Facility number: 014260

Residential Census: 113

Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00402391 and IN00402722. This was also a PSR to the State Residential Licensure Survey.

	Quality review completed 4/21/2023.			

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