STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF FORT WAYNE	7125 S HANNA STREET, FORT WAYNE, , 46816

(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 Residential Complaint IN00401184, Complaint IN00401865, Complaint IN00402849 and Complaint IN00403635. Complaint IN00401184 - No deficiencies related to the allegations are cited. Complaint IN00401865 - No deficiencies related to the allegations are cited. Complaint IN00402849 - No deficiencies related to the allegations are cited. Complaint IN00403635 - No deficiencies related to the allegations are cited. Survey dates: March 13 and 14, 2023 Facility number: 014316 Residential Census: 92 Silver Birch of Fort Wayne was	R 0000		

	found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00401184, Complaint IN00401865, Complaint IN00402849 and Complaint IN00403635. Quality review completed March 15, 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