

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 01/17/2023	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Complaint IN00396981, Complaint IN00398674, and Complaint IN00397870. Complaint IN00396981 - Unsubstantiated due to lack of evidence. Complaint IN00398674 - Substantiated. No State Residential Findings related to the allegations were cited. Complaint IN00397870 - Unsubstantiated due to lack of evidence. Survey date: January 17, 2023 Facility number: 014316 Residential Census: 98 Silver Birch of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00396981, Complaint IN00398674, and Complaint	R 0000					

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	IN00397870. Quality review completed January 19, 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