

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 06/02/2026
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 3731 WEST COOK ROAD, FORT WAYNE, , 46818			
(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 Intakes 469545, 469547, 469570, and 469957. Intake 469545- No deficiencies related to the allegations are cited. Intake 469547- No deficiencies related to the allegations are cited. Intake 469570 - No deficiencies related to the allegations are cited. Intake 469957 - No deficiencies related to the allegations are cited. Survey date: June 2, 2026 Facility number: 014553 Residential Census: 116 Silver Birch at Cook Road as found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 469545,	R 0000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

469547, 469570, and 469957.

Quality review completed on
June 2, 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