

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 12/16/2025
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 465576 and 466177. Intake 465576 - No deficiencies related to the allegations are cited. Intake 466177 - No deficiencies related to the allegations are cited. Survey dates: December 15 and 16, 2025. Facility number: 014553 Residential Census: 114 Silver Birch at Cook Road as found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 465576 and 466177. Quality review completed on December 16, 2025.	R 0000			

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

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

instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE