STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH AT COOK ROAD	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 Complaints IN00441178, IN00441424, IN00441521, IN00442049, IN00442368 and IN00443057. Complaint IN00441178- No deficiencies related to the allegations are cited. Complaint IN00441424- No deficiencies related to the allegations are cited. Complaint IN00441521 - No deficiencies related to the allegations are cited. Complaint IN00442049 - No deficiencies related to the allegations are cited. Complaint IN00442368 - No deficiencies related to the allegations are cited. Complaint IN00443057 - No deficiencies related to the allegations are cited. Survey dates: September 13	R 0000		

	and 16, 2024. Facility number: 014553 Residential Census: 108 Silver Birch at Cook Road as found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00441178, IN00441424, IN00441521, IN00442049, IN00442368 and IN00443057. Quality eview completed September 16, 2024.			

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