

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 11/18/2025	
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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on October 16, 2025. Survey date: November 18, 2025 Facility number: 014553 Residential Census: 117 Silver Birch at Cook Road is in compliance in accordance with 410 IAC 16.2-5. Quality review completed November 19, 2025 This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on October 16, 2025. Survey date: November 18, 2025 Facility number: 014553 Residential Census: 117	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	Silver Birch at Cook Road is in compliance in accordance with 410 IAC 16.2-5. Quality review completed November 19, 2025			
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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
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