

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH OF FORT WAYNE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7125 S HANNA STREET</b> <b>FORT WAYNE, IN 46816</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Residential Investigation of Complaint IN00428098, IN00429332, IN00430308, and IN00430683.</p> <p>Complaint IN00428098 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429332 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430308 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430683 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 21, 2024.</p> <p>Facility number: 014316</p> <p>Residential Census: 99</p> <p>Silver Birch of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00428098, IN00429332, IN00430308, and IN00430683.</p> <p>Quality review completed March 22, 2024</p>	R 000		

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE