

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014260	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/25/2022
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF MISHAWAKA		STREET ADDRESS, CITY, STATE, ZIP CODE 3630 HICKORY ROAD MISHAWAKA, IN 46545		
(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00388073, IN00387684 and IN00386664.</p> <p>Complaint IN00388073 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00387684 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00386664 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 23, 24 and 25, 2022</p> <p>Facility number: 014260</p> <p>Residential Census: 107</p> <p>Silver Birch Of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00388073, IN00387684 and IN00386664.</p> <p>Quality review completed 8/26/22.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE