

Indiana 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 11/03/2023
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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00419480, IN00417699, IN00419143. Complaint IN00419480 - No deficiencies related to the allegations are cited. Complaint IN00417699 - No deficiencies related to the allegations are cited. Complaint IN00419143 - No deficiencies related to the allegations are cited. Survey date: November 2 & 3, 2023 Facility number: 014260 Residential Census: 119 Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00419480, IN00417699, IN00419143. Quality review completed 11/9/2023.	R 000		

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

TITLE

(X6) DATE