

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH OF MISHAWAKA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3630 HICKORY ROAD</b> <b>MISHAWAKA, IN 46545</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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00447799, IN00446380, IN00444499 and IN00444094.</p> <p>Complaint IN00447799 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446380 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444499 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444094 - No deficiencies related to the allegations are cited.</p> <p>Survey date: December 16, 2024</p> <p>Facility number: 014260</p> <p>Residential Census: 89</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 IN00447799, IN00446380, IN00444499 and IN00444094.</p> <p>Quality Review completed on 12/18/2024</p>	R 000		

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

TITLE

(X6) DATE