

Indiana State 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>04/21/2023</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 Investigation of Complaints IN00404925, IN00405594 and IN00406602.</p> <p>Complaint IN00404925 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00405594 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406602 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 21, 2023.</p> <p>Facility number: 014316</p> <p>Residential Census: 95</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 Complaints IN00404925, IN00405594 and IN00406602.</p> <p>Quality review completed April 21, 2023</p>	R 000		

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

TITLE

(X6) DATE