

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 475 S GOVERNOR STREET EVANSVILLE, IN 47713		
(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 Complaint IN00397028 and IN00401045.</p> <p>Complaint: IN00397028-No deficiencies related to the allegations are cited.</p> <p>Complaint: IN00401045-No deficiencies related to the allegations are cited.</p> <p>Survey date: March 1 & 2, 2023</p> <p>Facility number: 014238</p> <p>Residential Census: 94</p> <p>Silver Birch of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00401045 and IN00397028.</p> <p>Quality review completed on March 3, 2023.</p>	R 000		

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

TITLE

(X6) DATE