

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014316 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/10/2023 |
| NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF FORT WAYNE | | STREET ADDRESS, CITY, STATE, ZIP CODE 7125 S HANNA STREET FORT WAYNE, IN 46816 | | |
| (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 IN00417662 and IN00418173.</p> <p>Complaint IN00417662- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418173- No deficiencies related to the allegations are cited.</p> <p>Survey date: October 10, 2023.</p> <p>Facility number: 014316</p> <p>Residential Census: 108</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 IN00417662 and IN00418173.</p> <p>Quality reiew completed October 10, 2023</p> | R 000 | | |

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

TITLE

(X6) DATE