

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>01/17/2023</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 Complaint IN00396981, Complaint IN00398674, and Complaint IN00397870.</p> <p>Complaint IN00396981 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00398674 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00397870 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: January 17, 2023</p> <p>Facility number: 014316</p> <p>Residential Census: 98</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 Complaint IN00396981, Complaint IN00398674, and Complaint IN00397870.</p> <p>Quality review completed January 19, 2023</p>	R 000		

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

TITLE

(X6) DATE