

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/31/2023
NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA STREET COLUMBUS, IN 47203		
(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 IN00398268.</p> <p>Complaint IN00398268 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 30 and 31, 2023</p> <p>Facility number: 002955</p> <p>Residential Census: 34</p> <p>Silver Oaks Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00398268.</p> <p>Quality review completed on April 3, 2023.</p>	R 000		

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

TITLE

(X6) DATE