Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
				R-C
	014260	B. WING		04/11/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
SILVER BIRCH OF MISHAWAKA				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
{R 000} INITIAL COMMENTS		{R 000}		
the Investigation of Co IN00402722 complete This visit was in conju Revisit (PSR) to the S Survey and Investigat	omplaints IN00402391 and ed on 3/2/2023. Inction with the Post Survey State Residential Licensure tion of Complaint			
Complaint IN00402391 - Corrected Complaint IN00402722 - Corrected				
Survey dates: April 10 & 11, 2023				
Facility number: 014260				
Residential Census: 113				
Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00402391 and IN00402722. This was also a PSR to the State Residential Licensure Survey. Quality review completed 4/21/2023.				
Quality review comple	eleu 4/2 1/2023.			
	Complaint IN0040239 Complaint IN0040272 Survey dates: April 10 Facility number: 0142 Residential Census: 1 Silver Birch of Mishaw compliance with 410 IPSR to the Investigation of Mishaw complaint Exercise Silver Birch of Mishaw compliance with 410 IPSR to the Investigation of Mishaw compliance with 410 IPSR to the State Residential Census: 1	O14260 COVIDER OR SUPPLIER STREET A 3630 HIC MISHAWAKA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00402391 and IN00402722 completed on 3/2/2023. This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00399126 completed on 1/26/2023. Complaint IN00402391 - Corrected Complaint IN00402722 - Corrected Survey dates: April 10 & 11, 2023 Facility number: 014260 Residential Census: 113 Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00402391 and IN00402722. This was also a	TOURIER OR SUPPLIER STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00402391 and IN00402722 completed on 3/2/2023. This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00399126 completed on 1/26/2023. Complaint IN00402391 - Corrected Complaint IN00402391 - Corrected Complaint IN00402722 - Corrected Survey dates: April 10 & 11, 2023 Facility number: 014260 Residential Census: 113 Silver Birch of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00402391 and IN00402722. This was also a PSR to the State Residential Licensure Survey.	TOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3630 HICKORY ROAD MISHAWAKA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00402391 and IN00402722 completed on 1/26/2023. Complaint IN00402391 - Corrected Complaint IN00402391 - Corrected Complaint IN00402722 - Corrected Survey dates: April 10 & 11, 2023 Facility number: 014260 Residential Census: 113 Silver Birch of Mishawaka was found to be in compilance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00402722. This was also a PSR to the State Residential Licensure Survey.

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE