

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 R-C 08/03/2023
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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00410698 and Complaint IN00410685 completed on June 29, 2023.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00412759, IN00412579 and IN00412560.</p> <p>Complaint IN00410698 - Corrected</p> <p>Complaint IN00410685 - Corrected</p> <p>Survey dates: August 1, 2, 3, 2023.</p> <p>Facility number: 014238</p> <p>Residential Census: 113</p> <p>Silver Birch of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00410698 and IN00410685.</p> <p>Quality review completed on August 7, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE