

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2024
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NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 WEST COOK ROAD FORT WAYNE, IN 46818
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(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 IN00432662 and IN00432947.</p> <p>Complaint IN00432662 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00432947 - No deficiencies related to the allegations are cited.</p> <p>Survey date: May 23, 2024.</p> <p>Facility number: 014553</p> <p>Residential Census: 111</p> <p>Silver Birch at Cook Road as found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00432662 and IN00432947.</p> <p>Quality review completed May 23, 2024</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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