

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014553</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH AT COOK ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3731 WEST COOK ROAD</b> <b>FORT WAYNE, IN 46818</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00439365, IN00439495, and IN00440253.</p> <p>Complaint IN00439365 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00439495 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00440253 - No deficiencies related to the allegations are cited.</p> <p>Survey date: August 6, 2024</p> <p>Facility number: 014553</p> <p>Residential Census: 108</p> <p>Silver Birch at Cook Road was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00439365, IN00439495, and IN00440253.</p> <p>Quality review completed August 6, 2024</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_