

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH OF EVANSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>475 S GOVERNOR STREET</b> <b>EVANSVILLE, IN 47713</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 Complaint IN00412560, IN00412759, and IN00412579.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to Investigation of Complaint IN00410698 and Complaint IN00410685 completed on June 29, 2023.</p> <p>Complaint IN00412560- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412759- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412579- No deficiencies related to the allegations are cited.</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 Investigation of Complaint IN00412560, IN00412759, and IN00412579.</p> <p>Quality review completed on August 7, 2023.</p>	R 000		

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