

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/31/2023
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF KOKOMO		STREET ADDRESS, CITY, STATE, ZIP CODE 408 S WASHINGTON STREET KOKOMO, IN 46901		
(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 Complaint IN00409646.</p> <p>Complaint IN00409646 - No deficiencies related to the allegations were cited.</p> <p>Survey date: May 31, 2023</p> <p>Facility number: 014137</p> <p>Residential census: 114</p> <p>Silver Birch of Kokomo was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00409646.</p> <p>Quality review was completed on June 6, 2023.</p>	R 000		

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

TITLE

(X6) DATE