STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013801	A. BUILDING: _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF HAMMOND	5620 SOHL AVENUE HAMMOND, IN 46320

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00360464 and IN00366029. Complaint IN00360464 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00366029 - Unsubstantiated due to lack of evidence. Survey date: January 27, 2022 Facility number: 013801 Residential Census: 116 Silver Birch of Hammond was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00360464 and IN00366029. Quality review completed on 1/28/22.	R 000		