

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 06/20/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 WEST COOK ROAD FORT WAYNE, IN 46818
--	--

(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 IN00435949, IN00436033, IN00436322 and IN00436383.</p> <p>Complaint IN00435949 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436033 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436322 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436383 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 19, and 20, 2024.</p> <p>Facility number: 014553</p> <p>Residential Census: 112</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 Complaint IN00435949, IN00436033, IN00436322 and IN00436383.</p> <p>Quality review completed June 20, 2024</p>	R 000		

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