

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 09/16/2024
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NAME OF PROVIDER OR SUPPLIER SILVER BIRCH AT COOK ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 WEST COOK ROAD FORT WAYNE, IN 46818
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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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00441178, IN00441424, IN00441521, IN00442049, IN00442368 and IN00443057.</p> <p>Complaint IN00441178- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441424- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441521 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442049 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442368 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443057 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 13 and 16, 2024.</p> <p>Facility number: 014553</p> <p>Residential Census: 108</p> <p>Silver Birch at Cook Road as found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00441178, IN00441424, IN00441521, IN00442049, IN00442368 and IN00443057.</p> <p>Quality eview completed September 16, 2024.</p>	R 000		

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