

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/05/2023
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF MUNCIE		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 W KILGORE AVENUE MUNCIE, IN 47304		
(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 IN00410692, IN00411396, IN00411401 and IN00411994.</p> <p>Complaint IN00410692 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00411396 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00411401 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00411994 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 5, 2023.</p> <p>Facility number: 014034</p> <p>Residential Census: 110</p> <p>Silver Birch of Muncie was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00410692, IN00411396, IN00411401 and IN00411994.</p> <p>Quality review completed July 13, 2023.</p>	R 000		

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

TITLE

(X6) DATE