

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 10/28/2022
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 Complaint IN00392967.</p> <p>Complaint IN00392967- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 28, 2022.</p> <p>Facility number: 014034</p> <p>Residential Census: 107</p> <p>Silver Birch of Muncie was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00392967.</p> <p>Quality review completed November 1, 2022</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE