

Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>014034</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                              | (X3) DATE SURVEY COMPLETED<br><br><b>C<br/>10/28/2022</b> |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BIRCH OF MUNCIE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2500 W KILGORE AVENUE<br/>MUNCIE, IN 47304</b> |                                                                                                                    |                                                           |
| (X4) ID PREFIX TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                   | ID PREFIX TAG                                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(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