

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER BIRCH OF KOKOMO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 S WASHINGTON STREET KOKOMO, IN 46901</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00414635, IN00414671 and IN00414920.</p> <p>Complaint IN00414635-No deficiencies related to the allegations were cited.</p> <p>Complaint IN00414671-No deficiencies related to the allegations were cited.</p> <p>Complaint IN00414920-No deficiencies related to the allegations were cited.</p> <p>Survey dates: August 17 and 18, 2023</p> <p>Facility number: 014137</p> <p>Residential census: 120</p> <p>Silver Birch of Kokomo was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00414635, IN00414671 and IN00414920.</p> <p>Quality review was completed on August 29, 2023.</p>	R 000		

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE