

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/05/2023
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF KOKOMO		STREET ADDRESS, CITY, STATE, ZIP CODE 408 S WASHINGTON STREET KOKOMO, IN 46901		
(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 a Post Survey Revisit (PSR) to a State Residential Licensure Survey completed on July 14, 2023. This visit included a PSR to the Investigation of Complaints IN00410800 and IN00411735 completed on July 14, 2023.</p> <p>Complaint IN00410800 - Corrected.</p> <p>Complaint IN00411735 - Corrected.</p> <p>Survey date: September 5, 2023</p> <p>Facility number: 014137</p> <p>Residential Census: 119</p> <p>Silver Birch of Kokomo was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to a State Residential Licensure Survey and a PSR to the Investigation of Complaints IN00410800 and IN00411735.</p> <p>Quality review was completed on September 12, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE