

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2014
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NAME OF PROVIDER OR SUPPLIER NORTH WOODS VILLAGE AT EDISON LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 1409 E DAY ROAD MISHAWAKA, IN 46545
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(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 an Initial State Residential Licensure Survey.</p> <p>Survey Dates: May 28, 2014</p> <p>Facility Number: 013236 Provider Number: 013236 AIM Number: N/A</p> <p>Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Sharon Ewing, RN</p> <p>Census Bed Type: Residential: 20 Total: 20</p> <p>Census Payor Type: Other: 20 Total: 20</p> <p>Residential Sample: 6</p> <p>North Woods Village at Edison Lakes was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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