DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER COMMONS AT JUDAY CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23, SOUTH BEND, , 46635		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes IN00462154 and IN00463843. Intake IN00462154 - No deficiencies related to the allegations are cited. Intake IN00463843 - No deficiencies related to the allegations are cited. Survey date: 9/5/2025 Facility number: 010667 Census Bed Type: Residential: 18 Total: 18 Census Payor Type: Other: 18 Total: 18 Commons at Juday Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes	R 0000		

	IN00462154 and IN00463843. Quality Review completed on 9/7/2025			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE