STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY DEVELOPMENT CORPORATION OF MISHAWAKA, IN	500 LINCOLNWAY EAST, MISHAWAKA, , 46544

(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 Complaints IN00402293, IN00402302, IN00400250, IN00397664, and IN00396601. Complaint IN00402293 - Unsubstantiated due to lack of evidence. Complaint IN00402302 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00400250 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00397664 - Unsubstantiated due to lack of evidence. Complaint IN00396601 - Unsubstantiated due to lack of evidence. Survey date: February 24, 27, 28, 2023 and March 1, 2023	R 0000		

	Facility number: 012688 Residential Census: 46 Commmunity Development Corporation of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00402293, IN00402302, IN00400250, IN00397664, and IN00396601. Quality review completed 3/3/2023.			

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