

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER COMMUNITY DEVELOPMENT CORPORATION OF MISHAWAKA, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 500 LINCOLNWAY EAST, MISHAWAKA, , 46544			
(X4) ID PREFIX TAG R 0000	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG R 0000	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
	INITIAL COMMENTS This visit was for the Investigation of Intake 467528. Intake 467528 - No deficiencies related to the allegations are cited. Survey date: March 26, 2026 Facility number: 012688 Residential Census: 41 Community Developpe Corporation was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intake 467528. Quality Review completed on 3/27/2026				
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	