

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 10/07/2022
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 Complaint IN00390118. Complaint IN00390118. Unsubstantiated due to lack of evidence. No State Residential Findings related to the allegations were cited. Survey date: October 7, 2022 Facility number: 012688 Residential Census: 44 Community Development Corporation of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00390118. Quality review completed 10/12/22.				
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.)					

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FORM APPROVED

OMB NO. 0938-0391

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