STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/20/2025

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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00461959 completed on 7/7/25. This visit was in conjunction with the PSR to the Annual State Residential Licensure Survey completed on 6/19/25 and to the investigation of Complaint IN00458166 completed on 6/19/24. Complaint IN00461959 - Corrected Survey dates: August 19 & 20, 2025 Facility number: 012688 Residential Census: 37 Community Development Corporation of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00461959. Quality Review completed on	R 0000		

	8/26/2025 This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00461959 completed on 7/7/25. This visit was in conjunction with the PSR to the Annual State Residential Licensure Survey completed on 6/19/25 and to the investigation of Complaint IN00458166 completed on 6/19/24. Complaint IN00461959 - Corrected Survey dates: August 19 & 20, 2025 Facility number: 012688 Residential Census: 37 Community Development Corporation of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00461959. Quality Review completed on 8/26/2025				

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