

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 02/25/2025
NAME OF PROVIDER OR SUPPLIER NORTH WOODS VILLAGE AT EDISON LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 1409 E DAY ROAD, MISHAWAKA, , 46545			
(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 IN00449541 completed on 1/13/25. Complaint IN00449541 - Corrected Survey dates: February 25, 2025 Facility number: 13236 Residential Census: 44 North Woods Village at Edison Lakes was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00449541. Quality Review completed on 2/27/2025	R 0000			
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			TITLE	(X6) DATE	

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SIGNATURE		
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