STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH WOODS VILLAGE AT EDISON LAKES	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 the Investigation of Intakes 469245 and 469264. Intake 469245- No deficiencies related to the allegation are cited. Intake 469264- No deficiencies related to the allegation are cited. Survey date: April 30, 2026 Facility number: 013236 Residential Census: 47 North Woods Village Edison Lakes was found to be in compliance with 410 Indiana Administrative Code 16.2-5 in regard to the Investigation of Intakes 469245 and 469264. Quality Review completed on 5/26/2026	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 SIGNATURE	TITLE	(X6) DATE