STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF MISHAWAKA	1540 SOUTH LOGAN STREET, 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 the Investigation of Intakes 465850, 465897, 465948, 466147 and 467525. Complaint 465850 - No deficiencies related to the allegations are cited. Complaint 465897- No deficiencies related to the allegations are cited. Complaint 465948 - No deficiencies related to the allegations are cited. Complaint 466147- No deficiencies related to the allegations are cited. Complaint 467525 - No deficiencies related to the allegations are cited. Survey date: January 27, 2026 Facility number: 014224	R 0000		

	Residential Census: 127 Hellenic Senior Living of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 465850, 465897, 465948, 466147 and 467525. Quality review completed January 28, 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