STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013236	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH WOODS VILLAGE AT EDISON LAKES	1409 E DAY ROAD MISHAWAKA, IN 46545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00431425 and IN00430927. Complaint IN00431425 - No deficiencies related to the allegations are cited. Complaint IN00430927 - No deficiencies related to the allegations are cited. Survey date: April 29 & 30, 2024 Facility number: 013236 Residential Census: 48 North Woods Village at Edison Lakes was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00431425 and IN00430927. Quality Review completed on 5/1/2024	R 000		