

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>012688</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/08/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMMUNITY DEVELOPMENT CORPORATION OF MIS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 LINCOLNWAY EAST<br/>MISHAWAKA, IN 46544</b> |
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| (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 |
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| R 000              | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00383440 and IN00386494.</p> <p>Complaint IN00383440 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00386494- Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Survey date: August 8, 2022</p> <p>Facility number: 012688</p> <p>Residential Census: 42</p> <p>Community Development Corporation of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00383440 and IN386494.</p> <p>Quality review completed 8/10/22.</p> | R 000         |   |                    |

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| Indiana State Department of Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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