

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER GREEN OAKS OF GOSHEN		STREET ADDRESS, CITY, STATE, ZIP CODE 282 JOHNSTON STREET, GOSHEN, , 46528			
(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 469912 and 469998. Intake 469912 - No deficiencies related to the allegations are cited. Intake 469998 - No deficiencies related to the allegations are cited. Survey date: June 5, 2026 Facility number: 015205 Residential Census: 114 Green Oaks of Goshen was found to be in compliance with 410 Indiana Administrative Code (IAC) 16.2-5 in regard to the Investigation of Intakes 469912 and 469998. Quality Review completed on 6/8/2026	R 0000			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

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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