STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN OAKS OF GOSHEN	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 was a visit for a Post Survey Revisit (PSR) to the Investigation of Intake 464740 completed on 9/29/2025. Intake 464740- Corrected Survey dates: 11/14/2025 Facility number: 015205 Residential Census: 97 Green Oaks of Goshen was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake 464740. Quality Review completed on 11/17/2025 This was a visit for a Post Survey Revisit (PSR) to the Investigation of Intake 464740 completed on 9/29/2025. Intake 464740- Corrected Survey dates: 11/14/2025	R 0000		

	Facility number: 015205 Residential Census: 97 Green Oaks of Goshen was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake 464740. Quality Review completed on 11/17/2025			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.	R 0241		11/18/2025
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.	R 0296		11/18/2025

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