STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/27/2024

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 visit was for the Investigation of Complaints IN00447923, IN00447082, IN00446764, IN00446756, IN00446759 and IN00446553. Complaint IN00447923 - No deficiencies related to the allegations are cited. Complaint IN00447082 - No deficiencies related to the allegations are cited. Complaint IN00446764 - No deficiencies related to the allegations are cited. Complaint IN00446756 - No deficiencies related to the allegations are cited. Complaint IN00446759 - No deficiencies related to the allegations are cited. Complaint IN00446553- No deficiencies related to the allegations are cited. Survey date: November 26 &	R 0000		

	27, 2024 Facility number: 015205 Residential Census: 107 Green Oaks of Goshen was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00447923, IN00447082, IN00446764, IN00446756, IN00446759 and IN00446553. Quality Review completed on 12/02/2024			

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