STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/20/2024

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 IN00433381, IN00433141, IN00433161 and IN00432375. Complaint IN00433381 - No deficiencies related to the allegation are cited. Complaint IN00433141 - No deficiencies related to the allegation are cited. Complaint IN00433161 - No deficiencies related to the allegations are cited. Complaint IN00432375 - No deficiencies related to the allegations are cited. Survey date: 5/20/24 Facility number: 015205 Residential Census: 69 Green Oaks Of Goshen was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints	R 0000		

	IN00433381, IN00433141, IN00433161 and IN00432375. Quality Review completed on 5/21/2024			

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