

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155205</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/06/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GREENCROFT HEALTHCARE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 GREENCROFT DR</b> <b>GOSHEN, IN 46527</b>			
(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00435888 and IN00436194 completed on June 14, 2024.  This visit was in conjunction with the Investigation of Complaints IN00439527, IN00439223, and IN00437374.  Complaint IN00435888: Corrected  Complaint IN00436194: Corrected  Survey dates: August 6, 2024  Facility number: 000112 Provider number: 155205 AIM number: 100288710  Census Bed Type: SNF/NF: 144 Total: 144  Census Payor Type: Medicare: 12 Medicaid: 87 Other: 45 Total: 144  Greencroft Healthcare was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00435888 and IN00436194.  Quality Review completed on 8/7/2024			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.