STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155760	A. Building B. Wing	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterford Crossing	1332 Waterford Cir Goshen, IN 46526

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on record review and interview, the facility failed to keep documentation of the facilities infection control surveillance records. This deficient practice had the potential to affect 73 of the 73 residents who resided in the facility. Finding includes: A review of the Infection Control Binder (ICB) was completed on 3/23/2026 at 10:37 A.M. The ICB included the infection control surveillance for January through March 2026, but did not include any other months before January 2026. During an interview with the Infection Prevention Nurse (IPN) at 3/23/2026 at 10:40 A.M., the IPN indicated she had not believed she was required to have kept any of the infection control surveillance information and she had been throwing away the monthly infection control surveillance information at the beginning of the next month. The IPN indicated the last annual survey had been December 2024. During an interview with the Region Nurse Consultant (RNC) on 3/23/2026 at 11:45 A.M., the RNC indicated monthly infection control surveillance documents should have been kept in the ICB from one annual survey until the next annual survey. The RNC indicated the facility did not have a policy for maintaining infection control surveillance information. 410 IAC 16.2-3.1-18(b)(1)(A)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to provide pneumococcal immunizations for 2 of 5 residents whose immunizations were reviewed. (Residents 39 & 40)Findings include: 1. Resident 39's record review was completed on 3/23/2026 at 10:00 A.M. Diagnoses included, but were not limited to: dementia, major depressive disorder and chronic pulmonary disease. Resident 39's record lacked the documentation indicating she had been offered or had been administered the pneumococcal vaccination in the last year. 2. Resident 40's record review was completed on 3/23/2026 at 10:05 A.M. Diagnoses included, but were not limit to: vascular dementia, hypertension, dysphagia and major depression. Resident 40's record lacked the documentation indicating she had been offered or had been administered the pneumococcal vaccination in the last year. During an interview with the Infection Prevention Nurse (IPN) on 3/23/2025 at 10:30 A.M., the IPN indicated vaccinations should be offered yearly and she would have to look to see if Residents 39 and 40 had been offered or had received the pneumococcal vaccination. During an interview with the Region Nurse Consultant (RNC) on 3/23/2025 at 11:30 A.M., the RNC indicated Resident 39 and 40 had not been offered or administered the pneumococcal vaccination, but they should have been. The RNC indicated the facility did not have a policy related to the pneumococcal vaccination. 410 IAC 16.2-3.1-13(a)