

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155856	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER Restoracy of Goshen, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 Sandpiper LN 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 5 staff observed administering medication met professional standards regarding ensuring a resident consumed medication for 1 of 8 residents observed during medications pass. (Resident 26)</p> <p>Finding includes:</p> <p>During a medication administration observation, on 5/30/2025 at 7:15 A.M., QMA 5 obtained Resident 26's medications from the medication cart and placed the pills in a souffle' cup. Next, QMA 5 entered the resident's room and questioned Resident 26 about her pain. Resident 26 indicated she wanted a pain pill. QMA 5 placed the souffle cup with medications on the bed side table, exited Resident 26's room and obtained a pain pill from the narcotic locked box. QMA 5 returned to Resident 26's room and placed the souffl&eacute; cup with the pain pill next to the previously placed souffl&eacute; cup, which was still full of medication, on the bed side table and left the room without observing Resident 26 consume the medications.</p> <p>During an interview, on 5/30/2025 at 7:18 A.M., QMA 5 indicated she should have watched Resident 26 take the medications and should not have left the medications at the bed side</p> <p>On 5/30/2025 at 9:10 A.M., the Administrator provided the policy titled, Administering Oral Medications, undated, and indicated the policy was the one currently used by the facility. The policy indicated . 20. Remain with the resident until all medications have been taken</p> <p>3.1-35(g)(1)</p>

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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, record review and interview, the facility failed to to notify the physician and obtain treatment orders timely for an unstageable pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident 19)</p> <p>Finding includes:</p> <p>During an observation, on 5/28/2025 at 2:12 P.M., Resident 19 was observed to have a low air loss mattress on her bed.</p> <p>A record review for Resident 19 was completed on 5/29/2025 at 10:04 A.M. Diagnoses included, but were not limited to: dementia, seizures and palliative care.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 1/19/2025, indicated Resident 19 had severe cognitive impairment, had an unstageable pressure ulcer that was not present on admission, required substantial/maximal assistance for bed mobility and received hospice care.</p> <p>A Nursing Progress Note, dated 10/26/2024 at 1:26 A.M., indicated Resident 19 was observed to have a four centimeter by three centimeter pressure ulcer to her right hip. The pressure ulcer was described as open with adipose tissue exposed, drainage and slough (a collection of yellow or tan devitalized tissue that impedes healing). The pressure ulcer was cleansed and a bandage was applied.</p> <p>A Nursing Progress Note, dated 11/6/2024 at 12:29 P.M., indicated Resident 19 had an open area on the right hip. The physician, power of attorney and the Director of Nursing (DON) were notified.</p> <p>There was no documentation the physician had been notified of Resident 19's pressure ulcer until 11/6/2024, 11 days after the area had been identified.</p> <p>A Nursing Progress Note, dated 11/6/2024 at 12:30 P.M., indicated the physician had been informed that the pressure ulcer had been cleansed with normal saline, Betadine applied, and the area was covered with a bordered gauze dressing. The physician indicated to continue the same treatment daily. The order was written and the power of attorney was notified of the new treatment order.</p> <p>There was no documentation a treatment order had been obtained prior to 11/7/2024 for Resident 19's pressure area.</p> <p>During an interview, on 6/2/2025 at 10:35 A.M., the DON indicated an order for a treatment should have been obtained when the pressure ulcer was identified. She indicated a treatment order for the pressure ulcer could not be found in the medical record until 11/7/2024.</p> <p>A current policy was provided, on 6/2/2025 at 3:11 P.M., by the Executive Director. The policy titled, Pressure Ulcers/Skin Breakdown, indicated, .The physician of wound specialist will order pertinent wound treatments, including reduction surfaces, wound cleansing and debridement approaches, dressings [occlusive, absorptive, etc.], and application of topical agents</p> <p>3.1-40(a)(2)</p>		

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<p>F 0771</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure laboratory services, blood blanks and transfusion services provided on-site meet requirements for certified laboratories.</p> <p>Based on record review and interview, the facility failed to follow physician orders by not obtaining ordered laboratory tests for 1 of 5 residents reviewed for unnecessary medications. (Resident 6)</p> <p>Finding includes:</p> <p>A record review for Resident 6 was completed on 5/29/2025 at 8:56 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, chronic kidney disease, chronic obstructive pulmonary disease (COPD) and Parkinson's disease.</p> <p>A Medicare 5-day Minimum Data Set (MDS) assessment, dated 5/8/2025, indicated resident 6 received insulin injections and a diuretic.</p> <p>A Physician's Order, dated 9/17/2024, indicated to obtain a prealbumin (a protein in the blood to measure nutritional status) laboratory test for wound healing. This laboratory test could not be found on the laboratory portal or in the resident's medical record.</p> <p>A Physician's Order, dated 11/13/2024, indicated to obtain a hemoglobin A1C (measure of blood sugar for past 2-3 months) laboratory test on 12/17/2024. This laboratory test could not be found on the laboratory portal or in the resident's medical record.</p> <p>A Physician's Order, dated 1/23/2025, indicated to obtain a basic metabolic panel (fluid and electrolyte levels, kidney function and blood sugar levels) and a hemoglobin A1C every six months starting on the 20th of the each month. This laboratory test should have been obtained on 2/20/2025. This laboratory test could not be found on the laboratory portal or in the resident's medical record.</p> <p>A Physician's Order, dated 5/20/2025, indicated to obtain a basic metabolic panel and a hemoglobin A1C every six months starting on the 22nd of each month. This laboratory test should have been obtained on 5/22/2025. This laboratory test could not be found on the laboratory portal or in the resident's medical record.</p> <p>During an interview, on 6/2/2025 at 10:08 A.M., the Director of Nursing (DON) indicated the laboratory tests could not be found in the medical record or the laboratory portal.</p> <p>During an interview, on 6/2/2025 at 10:28 A.M., the DON indicated she had contacted the nurse practitioner who had placed the laboratory orders and he indicated he ordered the laboratory tests orders by accident. The DON indicated the facility had been under a prior management company and was she was unable to clarify why the lab orders had not been completed when they had been ordered.</p> <p>A current policy was provided, on 6/2/2025 at 3:11 P.M., by the Executive Director. The policy titled, Lab and Diagnostic Test Results, indicated, .Assessment and Recognition 1. The physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs</p> <p>3.1-49(a)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on interview and record review, the facility failed to ensure lab results were obtained in a timely manner and antibiotic treatment for a UTI was initiated in a timely manner for 1 of 1 residents reviewed for UTI (Resident 12).</p> <p>Finding includes:</p> <p>During an interview, on 5/28/2025 at 11:13 A.M. a family member of Resident 12 indicated she had been complaining about vaginal pain and had a history of UTI's (urinary tract infections).</p> <p>A record review was completed for Resident 12 on 5/29/2025 at 8:37 A.M. Diagnoses included, but were not limited to: dementia and type 2 diabetes.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 4/18/2025 indicated Resident 12's cognition was severely impaired, she was occasionally incontinent of bowel and bladder and required partial to moderate assistance with toileting and bathing.</p> <p>A Nursing Progress Note, dated 5/13/2025 at 10:45 A.M. indicated the resident had been seen by the Gynecologist.</p> <p>A Nursing Progress Note, dated 5/14/2025 at 2:56 P.M. indicated a call was placed to the OB/GYN (Obstetrics and Gynecology). The note indicated the facility had obtained the records from Resident 12's visit on 5/13/2025 and the note indicated a vaginal swab and urine test was completed to check for an infection. The note indicated for the facility staff to call back on 5/16/2025 for the results of the swab and urine test.</p> <p>A Nursing Progress Note, dated 5/16/2025 at 2:28 P.M. indicated the facility had attempted to contact the OB/GYN office without success.</p> <p>A Nursing Progress Note, dated 5/23/2025 at 1:40 P.M. indicated the facility had spoken with a nurse at the OB/GYN office regarding Resident 12's vaginal swab and urine results. The urinalysis test results indicated the resident was positive for E.Coli (Escherichia coli- a bacterial infection).The note indicated they had received a new order for the resident to begin fosfomycin tromethamine (an antibiotic) 3g (grams) every three days for a total of three doses. The medication was to be delivered to the facility on 5/23/2025 by (pharmacy name).</p> <p>The record lacked documentation that additional calls had been placed to the OB/GYN office between 5/16/2025 and 5/23/2025 in an attempt to obtain the results of Resident 12's vaginal swab and urine test.</p> <p>A Physician's Order, dated 5/24/2025 indicated for Resident 12 to begin fosfomycin tromethamine 3g by mouth one time a day for three days for a total of three administrations on 5/25/2025.</p> <p>The (pharmacy name) packing slip was reviewed and indicated the fosfomycin tromethamine 3g was delivered to the facility on 5/25/2025 at 3:07 A.M.</p> <p>(continued on next page)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nursing Progress Note, dated 5/25/2025 at 6:27 P.M. indicated Resident 12 received her first dose of fosfomycin tromethamine 3g.</p> <p>During an interview, on 5/30/2205 at 1:19 P.M., the DON indicated she was unsure as to why Resident 12's medication was not delivered in a timely manner but it should have been. She also indicated there should have been documentation between 5/16/2025 and 5/23/2025 of attempts made to contact the Residents OB/GYN for test results.</p> <p>On 6/2/2025 at 8:18 A.M., the DON provided the policy titled, Culture Tests Policy, dated 3/2/25 and indicated it was the policy currently being used by the facility. The policy indicated 8. Completed culture reports shall be reviewed by Charge Nurse and/or the Infection Preventionist and orders obtained, as soon as possible</p> <p>3.1-41</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review and interview, the facility failed to follow enhanced barrier precautions for a resident with a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident 19)</p> <p>Finding includes:</p> <p>During an observation, on 5/28/2025 at 2:12 P.M., Resident 19 was observed to have an enhanced barrier precaution sticker on the door frame of her room.</p> <p>A record review For Resident 19 was completed on 5/29/2025 at 10:04 A.M. Diagnoses included, but were not limited to: dementia, seizures and palliative care.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 1/19/2025, indicated Resident 19 had severe cognitive impairment, had an unstageable pressure ulcer that was not present on admission, received hospice care, required substantial/maximal assistance for bed mobility and was dependent on toileting.</p> <p>A Physician's Order, dated 10/3/2024, indicated Resident 19 was ordered enhanced barrier precautions (infection control intervention to reduce the transmission of multi-drug-resistant organisms).</p> <p>During an observation, on 6/2/2025 at 11:45 A.M., Resident 19 was observed in bed and CNA 7 was observed providing incontinent care. CNA 7 only had gloves on for personal protective equipment.</p> <p>During an interview, on 6/2/2025 at 11:46 A.M., CNA 7 indicated she was not aware of any precautions she should have followed while caring for Resident 19. She indicated if Resident 19 was on any precautions, the facility should have informed her.</p> <p>During an observation, on 6/2/2025 at 11:48 A.M., LPN 6 was observed providing incontinence assistance with CNA 7 and changing a dressing to the resident's right hip unstageable pressure ulcer. LPN 6 and CNA 7 were only wearing gloves for personal protective equipment.</p> <p>During an interview, on 6/2/2025 at 1:31 P.M., LPN 6 indicated Resident 19 was on enhanced barrier precautions. She indicated CNA 7 and herself should have worn a gown and gloves while care was provided for incontinence and wound care.</p> <p>A current policy was provided, on 6/2/2025 at 3:11 P.M., by the Executive Director. The policy titled, Enhanced Barrier Precautions, indicated, .The [facility name] utilizes Enhanced Barrier Precautions [EBP] to reduce transmission of multidrug resistant organisms [MDRO], while maintaining a homelike environment and personal centered care .Enhanced Barrier Precautions indications: 2. Residents with chronic wounds and/or indwelling medical device, even without a known MDRO infection or colonization. a. Chronic wounds include, but are not limited to, pressure ulcers .4. Enhanced Barrier Precautions will be utilized only during prolonged high-contact resident care activities. Examples include, but not limited to: f. Changing brief or assistance with toileting .h. Wound care of chronic wounds</p> <p>3.1-18(a)</p>		