

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2012
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NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN46143
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(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
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/10/12</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Greenwood Village South (Pavilion) was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and all resident sleeping rooms. The facility</p>	K0000	<p>Preparation and execution of this Plan of correction in no way Constitutes an admission or Agreement by Greenwood Village South of the truth of the facts Alleged in this statement of Deficiencies and plans of correction. In fact, Greenwood Village South reserves the right to Challenge in legal proceedings, all Deficiencies, statements, findings, Facts, and conclusions that form The basis of the deficiency. This Plan of correction serves as the Credible allegation of compliance by January 27, 2012. This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting for the survey Ending January 10, 2012.</p>	

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.

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K0045 SS=E	<p>has a capacity of 137 and had a census of 110 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to ensure the lighting in 3 of 9 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness.</p> <p>LSC Section 7.8.1.4 requires illumination be arranged so the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.</p> <p>This deficient practice could affect 20 residents on 100 hall east, 14 residents on</p>	K0045	<p>CORRECTIVE ACTIONNo residents, staff, or visitors were affected by the alleged deficient practice.OTHER RESIDENTS AFFECTEDThe community realizes that 134 residents who reside on the East, West, and Main halls could have the potential to be affected by the alleged deficient practice as well as staff and visitors.SYSTEMIC CHANGEThe Plant Operations Designee will install an additional single bulb light fixture junctioned with the current fixture to provide</p>	01/27/2012	

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	<p>100 hall west and 30 residents on Main hall west as well as staff and visitors if the facility were required to evacuate in an emergency and any of the single bulb outside light fixtures failed leaving the area in darkness.</p> <p>Findings include:</p> <p>Based on observations on 01/10/12 during the tour between 2:45 p.m. and 3:45 p.m. with the Maintenance Supervisor, there were exit lights on generator back up located outside the 100 east and west halls and the Main hall which had only a single bulb in the light fixture.</p> <p>Based on interview on 01/10/12 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the aforementioned exits were equipped with only a single bulb light fixture.</p> <p>3.1-19(b)</p>		<p>illumination in the event that an evacuation is required in an emergency situation. The Plant Operations Designee will add the new fixtures to the "PM Works" system for monthly inspections and document such findings. Any issues will be addressed and corrected as identified. MONITORINGThe audited findings on the "PM Works" log will be forwarded to the Quality Assurance Committee monthly for the next six months for review and further recommendations as necessary. COMPLETION DATEJanuary 27, 2012</p>		