STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR VILLAGE	8800 SPOON DR, INDIANAPOLIS, , 46219

(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 IN00371371 and IN00375119. Complaint IN00371371- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00375119- Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: March 22 and 23, 2022 Facility number: 011799 Residential: 88 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 31, 2022	R 0000		

R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a) (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on record review and interview, the facility failed to complete and document an evaluation of resident's needs prior to admission for 2 residents of 3 reviewed for pre-admission evaluation. Residents B and D. Findings include: The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency. Resident B's chart did not contain a completed pre-admission evaluation.	R 0214	**This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Greenbriar Village as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer,**	04/30/2022

	On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B. The record of Resident D was reviewed on 3/23/22 at 10: A.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance. Resident B's chart did not contain a completed pre-admission evaluation. On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's had been entered in the facility's electric record system, but not placed in the resident's chart for staff reference. An undated policy titled "Resident Admission and Retention Policy" received from the E.D. on 3/23/22 at 2:20 P.M., indicated: "It is the policy of this Community to admit and retain residents that are appropriate to reside in senior living communities. Obtain basic information about prospect's service needs/preferences to determine the general feasibility of application, including medical history." Based on record review and		**director, attorney, or shareholder of the Community or affiliated companies.** · What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; . What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; . How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?; and	

	interview, the facility failed to complete and document an evaluation of resident's needs prior to admission for 2 residents of 3 reviewed for pre-admission evaluation. Residents B and D. Findings include: The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency. Resident B's chart did not contain a completed pre-admission evaluation. On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B. The record of Resident D was reviewed on 3/23/22 at 10: A.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance. Resident B's chart did not contain a completed pre-admission evaluation.		. By the date, the systemic changes will be completed. R 214 1. Residents B and D's evaluations are completed. The Community will ensure a complete and documented evaluation of a new resident's needs are completed before admission. 2. The Community reviewed each resident’s record to determine which residents if any, could be affected by the alleged deficient practice. 3. The Executive Director will in-service the leadership staff on the requirements for a complete and documented	

	On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's had been entered in the facility's electric record system, but not placed in the resident's chart for staff reference. An undated policy titled "Resident Admission and Retention Policy" received from the E.D. on 3/23/22 at 2:20 P.M., indicated: "It is the policy of this Community to admit and retain residents that are appropriate to reside in senior living communities. Obtain basic information about prospect's service needs/preferences to determine the general feasibility of application, including medical history."		evaluation of residents' needs before admission. In addition, the Executive Director, Wellness Director, or designee will ensure all new admission assessments are completed. 4. The Wellness Director or designee will audit all resident's charts weekly ensure the assessments are up-to-date and completed. 5. Systemic changes will be completed: April 30, 2022	
R 0215	Evaluation - Deficiency 410 IAC 16.2-5-2(b) (b) The preadmission evaluation (interview) shall provide the baseline information for the initial evaluation. Subsequent evaluations shall compare the resident ' s current status to his or her status on admission and shall be used to assure that the care the resident requires is within the range of personal care and supervision provided by a residential care facility.	R 0215	R 215 1. Residents B and C's admission evaluations are completed. Resident D's admission evaluation is completed and sections for diagnoses and allergies are filled out. 2. The Community reviewed each	04/30/2022

	Based on record review and interview, the facility failed to ensure complete and accurate documentation of an initial evaluation of resident's needs at admission for 3 residents of 3 reviewed for initial evaluation. Residents B, C, and D. Findings include: The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency. Resident B's chart did not contain a completed admission evaluation. On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B. The record of Resident C was reviewed on 3/22/22 at 12:30 P.M. Diagnoses included, but were not limited to, Alzheimer's Disease, hyperlipidemia, and muscle wasting and atrophy. Resident C's chart did not contain a completed admission evaluation. On 3/23/22 at 10:50 A.M., the E.D. indicated there was no service plane for Resident C.		resident's record to determine which residents if any, could be affected by the alleged deficient practice. 3. The Community will complete the attached audit daily Monday-Friday for 1 month, then weekly for an additional 5 months to ensure all assessments are completed. In addition, the Executive Director will in-service nursing leadership staff on ensuring complete and accurate documentation of an initial evaluation of resident's needs at admission. 4. The Wellness Director or designee will audit all resident's charts to ensure all residents have an up-to-date assessment completed. Executive Director, Wellness Director, or designee will ensure all new admission assessments are completed.	

	The record of Resident D was reviewed on 3/23/22 at 10: A.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance. Resident D's chart contained an incomplete admission evaluation. Sections for diagnoses and allergies were not completed. On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's had been entered in the facility's electronic record system, but not completed. The incomplete evaluation was identified during a facility audit, and the admission evaluation was completed 65 days after the resident's admission. An undated policy titled "Resident Admission and Retention Policy" received from the E.D. on 3/23/22 at 2:20 P.M., indicated: "It is the policy of this Community to admit and retain residents that are appropriate to reside in senior living communities. Obtain basic information about prospect's service needs/preferences to determine the general feasibility of application, including medical history." Based on record review and interview, the facility failed to		5. Systemic changes will be completed: April 30, 2022	

ensure complete and accurate documentation of an initial evaluation of resident's needs at admission for 3 residents of 3 reviewed for initial evaluation. Residents B, C, and D.

Findings include:

The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency.

Resident B's chart did not contain a completed admission evaluation.

On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B.

The record of Resident C was reviewed on 3/22/22 at 12:30 P.M. Diagnoses included, but were not limited to, Alzheimer's Disease, hyperlipidemia, and muscle wasting and atrophy.

Resident C's chart did not contain a completed admission evaluation.

On 3/23/22 at 10:50 A.M., the E.D. indicated there was no service plane for Resident C.

The record of Resident D was reviewed on 3/23/22 at 10: A.M.

	Diagnoses included, but were not limited to, dementia with behavioral disturbance. Resident D's chart contained an incomplete admission evaluation. Sections for diagnoses and allergies were not completed. On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's had been entered in the facility's electronic record system, but not completed. The incomplete evaluation was identified during a facility audit, and the admission evaluation was completed 65 days after the resident's admission. An undated policy titled "Resident Admission and Retention Policy" received from the E.D. on 3/23/22 at 2:20 P.M., indicated: "It is the policy of this Community to admit and retain residents that are appropriate to reside in senior living communities. Obtain basic information about prospect's service needs/preferences to determine the general feasibility of application, including medical history."			

R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential	R 0217	R 217 1. Resident B and C's service plans were completed. Resident D's service plan will be reviewed to ensure that the residents' needs are met. 2. The Community reviewed each resident's record to determine which residents if any, could be affected by the alleged deficient practice. 3. The Executive Director will in-service nursing leadership staff on ensuring complete and accurate service plans are done and available upon request. In addition, the Executive Director, Wellness Director, or designee will ensure all service plans are completed. 4. The Wellness Director or designee will audit all resident's charts to ensure all residents have an up-to-date assessment completed.	04/30/2022

	nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to ensure complete and accurate service plans were done and available for 3 of 3 residents reviewed for service plans. Residents B, C, and D. Findings include: The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency. Resident B's chart did not contain a completed service plan. On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B. The record of Resident C was reviewed on 3/22/22 at 12:30 P.M. Diagnoses included, but were not limited to, Alzheimer's Disease, hyperlipidemia, and muscle wasting and atrophy.		5. Systemic changes will be completed: April 30, 2022	

Resident C's chart did not contain a completed service plan.

The record of Resident D was reviewed on 3/23/22 at 10: A.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance.

Resident D's chart contained a service plan with an initiated date 65 days after admission.

On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's service plan had not been initiated on admission due to the incompletion of the resident's admission evaluation.

An undated policy titled "Occupancy Operations Manual" received from the E.D., on 3/23/22 at 1:30 P.M., indicated:

"The Negotiated Service Plan is a working document which provides a detailed outline of the Resident's needs and preferences. Each area of service on the CSL Assessment system must be included in the Negotiated Service Plan."

Based on record review and interview, the facility failed to ensure complete and accurate service plans were done and available for 3 of 3 residents reviewed for service plans. Residents B, C, and D.

Findings include:

The record of Resident B was reviewed on 3/22/22 at 11: 00 A.M. Diagnoses included, but were not limited to, Alzheimer's Dementia, hypertension, and venous insufficiency.

Resident B's chart did not contain a completed service plan.

On 3/22/22 at 1:20 P.M., the Executive Director (E.D.) and the Director of Nursing indicated they had no additional records or documentation to provide for Resident B.

The record of Resident C was reviewed on 3/22/22 at 12:30 P.M. Diagnoses included, but were not limited to, Alzheimer's Disease, hyperlipidemia, and muscle wasting and atrophy.

Resident C's chart did not contain a completed service plan.

The record of Resident D was reviewed on 3/23/22 at 10: A.M. Diagnoses included, but were not limited to, dementia with behavioral disturbance.

Resident D's chart contained a service plan with an initiated date 65 days after admission.

On 3/23/22 at 1:00 P.M., the E.D. indicated Resident D's service plan had not been

	initiated on admission due to the incompletion of the resident's admission evaluation. An undated policy titled "Occupancy Operations Manual" received from the E.D., on 3/23/22 at 1:30 P.M., indicated: "The Negotiated Service Plan is a working document which provides a detailed outline of the Resident's needs and preferences. Each area of service on the CSL Assessment system must be included in the Negotiated Service Plan."			

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