

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/10/22</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>At this Emergency Preparedness survey, Greenwood Village South was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 137 certified beds. At the time of the survey, the census was 116.</p> <p>Quality Review on 11/17/22</p>			E 0000	<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 Plan of Correction. Greenwood Village South reserves the right to challenge, in legal proceedings, all deficiencies, statements, findings and facts and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</p>		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/10/22</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>At this Life Safety Code survey, Greenwood</p>			K 0000	<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 Plan of Correction. Greenwood Village South reserves the right to challenge, in legal proceedings, all deficiencies, statements, findings and facts and conclusions that</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 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 30 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.

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
K 0321 SS=E Bldg. 01	<p>Village South was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 0101 was surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of the two sections of the building. Building 0101 was constructed in 1996 and was determined to be a one story facility of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. Building 0101 has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 116 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review on 11/17/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.</p>				<p>form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</p>		

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
	<p>Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 15 hazardous areas such as soiled linen and trash collection rooms exceeding 64 gallons and combustible storage rooms greater than 50 square feet in size were separated from other spaces by smoke resistant partitions and doors. Doors shall be self closing or automatic closing in accordance with 7.2.1.8. This deficient practice could affect over 20 residents, staff and visitors in the vicinity of the Dogwood Wing dining room.</p> <p>Findings include:</p> <p>Based on an observations with the Assistant Director of Plant Operations (ADPO) during a tour of the facility from 12:35 p.m. to 2:50 p.m. on</p>			K 0321	<p>1. No residents were affected by the cited door not being equipped with the latching hardware to latch the door into the doorframe.</p> <p>2. The facility understands that residents in the facility could be affected by the door not fully latching into the door frame in the event of a fire in that area. Plant Operations staff has added the latching hardware to the cited door so that it latches properly when it is closed.</p> <p>3. The facility has added the latching hardware to the cited door so that it latches properly.</p> <p>4. Plant Operations Health Care</p>		12/01/2022

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
K 0324 SS=D Bldg. 01	<p>11/10/22, one of two doors to the Dogwood Wing dining from the kitchen was not equipped with latching hardware to latch the door into the door frame. The south door in the kitchen to the Dogwood Wing dining room by the kitchen K Class fire extinguisher was not equipped with latching hardware. The kitchen contained trash collection carts exceeding 64 gallons in combined capacity and also had combustible storage rooms greater than 50 square feet in size open to the kitchen. Based on interview at the time of the observations, the ADPO agreed the south door in the kitchen to the Dogwood Wing dining room was not equipped with latching hardware.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with</p>				<p>Supervisor, or his designee, will audit this door and the other fire-rated door that connects the kitchen to the Dogwood Dining Room one time monthly for 12 months to assure both doors are properly latched when closed. Audits will be reported to the QAPI committee monthly.</p>		

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
	<p>conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on observation and interview, the facility failed to maintain 1 of 1 kitchens in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011. NFPA 96, Section 12.1.2.4 states all deep-fat fryers shall be installed with at least a 406 mm (16 in.) space between the fryer and surface flames from adjacent cooking equipment. Section 12.1.2.5 states where a steel or tempered glass baffle plate is installed at a minimum 203 mm (8 in.) in height between the fryer and surface flames of the adjacent appliance, the requirement for a 406 mm (16 in.) space shall not apply. Section 12.1.2.5.1 states if the fryer and the surface flames are at different horizontal planes, the minimum height of 203 mm (8 inches) shall be measured from the higher of the two. This deficient practice could affect over two kitchen staff.</p> <p>Findings include:</p> <p>Based on observations with the Assistant Director of Plant Operations (ADPO) during a tour of the facility from 12:35 p.m. to 2:50 p.m. on 11/10/22, the deep-fat fryer was located under the kitchen range hood system four inches from the grill which contained natural gas fired burners. The deep-fat fryer did not have a protective shield measuring at least eight inches in height between the two appliances. Based on interview at the time of the observations, the ADPO agreed the deep-fat fryer did not have a protective shield</p>			K 0324	<p>1.No residents or staff were affected by the deep-fat fryer not having a shield between the two appliances. 2.The facility understands that the kitchen staff could be affected by the missing shield between the range and the adjacent deep-fat fryer. 3.The existing steel baffle was moved from one side of the deep-fat fryer to the opposite side so that it provided the barrier between the kitchen fryer and the range. 4.Plant Operations Health Care Supervisor, or his designee, will audit the cooking area to confirm that the steel baffle is located between the fryer and any appliance with an open flame one time monthly for 12 months. Audits will be reported to the QAPI committee monthly.</p>		12/01/2022

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/10/2022
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH			STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143		
(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	
K 0353 SS=F Bldg. 01	<p>measuring at least eight inches in height between the two appliances.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated</p>	K 0353	1. No residents or staff were affected by the Post Indicator Valve (PIV) not reporting to the fire panel, the dry systems gaskets needing replacement, the 10-year dry pendant testing not completed, and the 3-year air leak test of the dry system not completed.	06/30/2023	

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Assistant Director of Plant Operations (ADPO) from 9:00 a.m. to 12:10 p.m. on 11/10/22, the following was noted:</p> <p>a. the sprinkler system inspection contractor's "Inspection &amp; Test Report" documentation dated 11/09/21 indicated a Post Indicator Valve (PIV) did not report to the facility's fire alarm control panel (FACP). The "Explain any No answers" section of the 11/09/21 report stated "PIV tamper did not report to FACP (no power, but the device did function)". The "Detection Inspection Report" section of the 11/09/21 listed the device located at the "PIV O/S Loading Dock" as "Fail" for the results of testing and "valve functioned; did not report (no power)".</p> <p>b. the sprinkler system inspection contractor's "Inspection &amp; Test Report" documentation dated 05/02/22 indicated deficiencies were noted for the facility's sprinkler systems as a result of the inspection for the facility. The "Explain any No answers" section of the 05/02/22 report stated "Gaskets on faceplate of both dry systems are</p>				<p>2. The facility understands that all residents and staff could be affected by the Post Indicator Valve (PIV) not reporting to the fire panel, the dry systems gaskets needing replacement, the 10-year dry pendant testing not completed, and the 3-year air leak test of the dry system not completed.</p> <p>3. The facility is requesting a waiver for this deficiency due to financial hardship on the facility and due to the contracted vendor not being able to schedule completion of all necessary repairs before the expected Plan of Correction date of December 1, 2022.</p> <p>4. Plant Operations Health Care Supervisor, or his designee, will submit all sprinkler system testing and repair reports and follow up action recommended and/or completed to the QAPI committee for review one time monthly for 12 months to assure all recommendations from the inspections are completed.</p>		

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>ripped and need replaced. Tamper switches for both dry systems report as troubles instead of supervisory". The "Detection Inspection Report" section of the 05/02/22 report listed the east and west dry sprinkler system butterfly control valves as "Fail".</p> <p>Based on interview at the time of record review, the ADPO stated the facility has to put in capital expenditure requests for the repairs to be done and agreed repair or replace documentation for the deficiencies noted on the 11/09/21 and 05/02/22 sprinkler system inspections was not available for review.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.1.1.1.6 states dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified</p>						



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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
	<p>contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Inspection &amp; Test Report" documentation dated 05/02/22 with the Assistant Director of Plant Operations (ADPO) during record review from 9:00 a.m. to 12:10 p.m. on 11/10/22, dry pendant sprinklers need testing or replacement. The "Explain and No answers section of the 05/02/22 inspection report stated "Dry pendants on canopy are over 10 year testing/replacement period". Based on interview at the time of record review, the ADPO stated the facility has to put in capital expenditure requests for dry pendant sprinkler testing or replacement and agreed dry pendant sprinkler testing or replacement documentation on or after 05/02/22 was not available for review.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and</p>						

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 13.4.4.2.9 5.1.1.1.6 states dry pipe systems shall be tested once every 3 years for air leakage, using one of the following test methods:</p> <p>(1) A pressure test at 40 psi (3.2 bar) shall be performed for 2 hours.</p> <p>(a) The system shall be permitted to lose up to 3 psi (0.2 bar) during the duration of the test.</p> <p>(b) Air leaks shall be addressed if the system loses more than 3 psi (0.2 bar) during this test.</p> <p>(2) With the system at normal system pressure, the air source (compressor or shop air) shall be shut off for 4 hours. If the low air pressure alarm goes off within this period, the air leaks shall be addressed.</p> <p>NFPA 25, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Inspection &amp; Test Report" documentation dated 05/02/22 with the Assistant Director of Plant Operations (ADPO) during record review from 9:00 a.m. to 12:10 p.m. on 11/10/22, the facility's "(2) dry systems due for 3 year air leak test". The 05/02/22 inspection</p>						

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0761 SS=F Bldg. 01	<p>documentation also stated "Recommend 3 year air test be performed on both dry systems. Recommend adding low air device to both dry systems". In addition, review of the "Deficiencies" section of the sprinkler system inspection contractor's "Sprinkler System Inspection" documentation dated 08/02/22 indicated "Deficiency Found Dry system needs a 3 year air test to be performed" for both dry sprinkler systems. Based on interview at the time of record review, the ADPO stated the facility has to put in capital expenditure requests for 3-year dry sprinkler system air leak testing and agreed testing documentation on or after 08/02/22 was not available for review.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>Based on record review, observation and interview; the facility failed to ensure annual inspection and testing of all fire door assemblies were completed in accordance of LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in</p>			K 0761	<p>1. THE FACILITY WISHES TO IDR THIS DEFICIENCY DUE TO THE FACT IT IS ALREADY CITED AT A SCOPE/SEVERITY OF "F" WHICH WOULD INCLUDE THE THERAPY DOORS. No residents or staff were affected by the annual fire door inspection not being completed timely.</p> <p>2. The facility understands that all facility staff and residents have the potential to be affected by the annual door inspection not being completed timely.</p>		12/01/2022

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.3.1 states functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, Section 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p>				<p>3. The annual fire door inspection was completed by Central Indiana Hardware on 11/15/2022.</p> <p>4. Plant Operations Health Care Supervisor, or his designee, will schedule the next annual fire door inspection prior to 5/15/2022 and will present the scheduled date to the QAPI committee once it is scheduled. Plant Operations Health Care Supervisor will present the final completed annual fire door inspection report to the QAPI committee prior to 11/15/2023.</p>		

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
	<p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire door inspection contractor's "Inspection Summary Report" documentation and "Fire and Exterior Door Survey Program" documentation each dated 09/01/21 with the Assistant Director of Plant Operations (ADPO) during record review from 9:00 a.m. to 12:10 p.m. on 11/10/22, fire door inspection documentation within the most recent twelve month period was not available for review. Based on interview at the time of record review, the ADPO stated he has been trying to get their fire door inspection contractor to the facility to conduct annual fire door inspections but they have not yet been done so far this year and agreed fire door inspection documentation for fire doors in the facility within the most recent twelve month period was not available for review. Based on observations with the ADPO during a tour of the facility from 12:35 p.m. to 2:50 p.m. on 11/10/22, the fire door inspection contractor had affixed an inspection sticker to fire door frames. The stickers were numbered with an 1800 series number and were dated 09/01/21. The door to the Dogwood Wing oxygen storage and transfilling room had a sticker affixed to the door frame which was numbered "2432" and had an inspection date of "12/17/20" written on the sticker by the fire door inspection contractor. Six liquid oxygen containers and four 'E' type oxygen cylinders were stored in the room. The door to the Redbud Wing oxygen storage and transfilling room had a sticker</p>						

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0923 SS=E Bldg. 01	<p>affixed to the door frame which was numbered "2433" and had an inspection date of "12/17/20" written on the sticker by the fire door inspection contractor. Six liquid oxygen containers and four 'E' type oxygen cylinders were stored in the room. The 2000 series stickers were not included in the listing of the fire door inspection documentation dated 09/01/21. Based on interview at the time of record review and of the observations, the ADPO agreed it could not be assured all fire door locations in the facility were included in the 09/01/21 inspection documentation and agreed annual fire door inspection documentation for the most recent twelve month period was not available for review.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if</p>						

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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 cylinders of nonflammable gases such as oxygen were properly secured from falling in 1 of 2 oxygen storage areas. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.1 states storage for nonflammable gases equal to or greater than 85 cubic meters (3000 cubic feet) shall comply with 5.1.3.3.2 and 5.1.3.3.3. NFPA 99, Section 5.1.3.3.2(7) requires cylinders be provided with racks, chains, or other fastenings to secure all cylinders from falling, whether connected, unconnected, full or empty. This deficient practice could affect over 10 residents,</p>			K 0923	<p>1. No residents were affected by the 1 of 4 O2 cylinders not being chained or supported in a proper cylinder stand or cart.</p> <p>2. The facility understands that the residents and staff in the Redbud Unit had the potential to be affected by the O2 cylinder not being chained or supported in a proper cylinder stand or cart.</p> <p>3. All O2 tanks in the Redbud Unit are now properly secured.</p> <p>4. Plant Operations Health Care</p>		12/01/2022

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0000  Bldg. 03	<p>staff and visitors in the vicinity of the oxygen storage and transfilling room in the Redbud wing.</p> <p>Findings include:</p> <p>Based on an observations with the Assistant Director of Plant Operations (ADPO) during a tour of the facility from 12:35 p.m. to 2:50 p.m. on 11/10/22, one of four oxygen cylinders was standing upright on floor in the oxygen storage and transfilling room in the Redbud wing and was not properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of the observations, the ADPO agreed one of four oxygen cylinders in the oxygen storage and transfilling room in the Redbud wing was not properly chained or supported in a proper cylinder stand or cart and had it removed from the room to be secured elsewhere.</p> <p>This finding was reviewed with the Administrator, the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/10/22</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p>			K 0000	<p>Supervisor, or his designee, will audit all O2 tanks in the Oxygen storage room on the Redbud Unit to make sure they are properly secured. Audits will occur monthly for 1 year and be reported to the QAPI committee monthly.</p> <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 Plan of Correction. Greenwood Village South reserves the right to challenge, in legal proceedings, all</p>		



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

PRINTED: 12/16/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
K 0761 SS=E Bldg. 03	<p>At this Life Safety Code survey, Greenwood Village South was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 0103 was surveyed using Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of the two sections of the building. Building 0103 was constructed in 2019 and was determined to be a one story facility of Type V (111) construction and was fully sprinklered. Building 0103 consists of the new addition which includes the Therapy room, Utility room, Nurse's station, a semi private Therapy room, Restroom, two Private Therapy rooms and a Therapy Kitchen. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 116 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review on 11/17/22</p> <p>Based on record review, observation and interview; the facility failed to ensure annual inspection and testing of all fire door assemblies</p>			K 0761	<p>deficiencies, statements, findings and facts and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</p> <p>1. THE FACILITY WISHES TO IDR THIS DEFICIENCY DUE TO THE FACT IT IS ALREADY CITED</p>		12/01/2022

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>were completed in accordance of LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf</p>				<p>AT A SCOPE/SEVERITY OF "F" WHICH WOULD INCLUDE THE THERAPY DOORS. No residents or staff were affected by the annual fire door inspection not being completed timely.</p> <p>2. The facility understands that all facility staff and residents have the potential to be affected by the annual door inspection not being completed timely.</p> <p>3. The annual fire door inspection was completed by Central Indiana Hardware on 11/15/2022.</p> <p>4. Plant Operations Health Care Supervisor, or his designee, will schedule the next annual fire door inspection prior to 5/15/2022 and will present the scheduled date to the QAPI committee once it is scheduled. Plant Operations Health Care Supervisor will present the final completed annual fire door inspection report to the QAPI committee prior to 11/15/2023.</p>		

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(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
	<p>closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Assistant Director of Plant Operations (ADPO) from 9:00 a.m. to 12:10 p.m. on 11/10/22, fire door inspection documentation for fire doors in the Therapy addition within the most recent twelve month period was not available for review. Based on interview at the time of record review, the ADPO stated he has been trying to get their fire door inspection contractor to the facility to conduct annual fire door inspections but they have not yet been done so far this year and agreed fire door inspection documentation for fire doors in the Therapy addition within the most recent twelve month period was not available for review. Based on observations with the ADPO during a tour of the facility from 12:35 p.m. to 2:50 p.m. on 11/10/22, each door in the corridor door set serving as the entrance to the Therapy Room was equipped with 90-minute fire resistance rating label affixed to the hinge side of the door. Each door was equipped with latching hardware which latched into the door frame when tested to close. The door set separates Building 0103 from Building 0101.</p> <p>This finding was reviewed with the Administrator,</p>						

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

PRINTED: 12/16/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155026		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING		X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 295 VILLAGE LANE GREENWOOD, IN 46143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the Director of Plant Operations, the ADPO and the Plant Operations Supervisor during the exit conference.  3.1-19(b)						