

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155193	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/06/2022
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIDGE BLVD GREENWOOD, IN 46142
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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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00369924, IN00369441, and IN00369359. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00369924 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00369441 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00369359 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: January 4, 5, and 6, 2022</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census Bed Type: SNF/NF: 179 Total: 179</p> <p>Census Payor Type: Medicare: 15 Medicaid: 128 Other: 36 Total: 179</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on January 07, 2022.</p>	F 0000		

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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F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident room walls were free from damage, protruding nails and screws, and bathroom baseboard damage. (Resident B, Resident G, Resident H, Resident I, Resident E, and Resident F)</p> <p>Findings include:</p> <p>On 1/5/22 at 11:30 A.M., the wall next to Resident B's bed was observed to have cracks and exposed drywall mud beneath the window.</p> <p>On 1/5/22 at 11:35 A.M., the wall next to Resident G's bed was observed to have 5 holes in the wall where a bulletin board had been removed.</p> <p>On 1/5/22 at 11:40 A.M., the wall to the left of the entrance door of Resident H and Resident I's room was observed to have 3 nails and 2 screws in it with 1/2 inch of each of the nails and screws protruding from the wall.</p> <p>On 1/5/22 at 11:45 A.M., the wall to the left of the entrance door of Resident E and Resident F's room was observed to have 3 screws in it with 1/2 inch of each screw protruding from the wall. At the bottom corner of the wall, nearest the door, was 8 inches of exposed metal corner bead where drywall had broken off. The baseboard behind the toilet was observed to be falling away from the wall.</p>	F 0921	<p><b>F 921</b></p> <p>It is the policy of this facility to provide a safe, functional, sanitary and comfortable environment.</p> <p>1. What corrective Action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident B was removed from her room so that repairs can be completed. All exposed screws / nails were removed from the walls. The baseboard behind the toilet has been repaired.</p> <p>2. How will other residents having the same potential to be affected by the alleged deficient practice be identified and what corrective action will be taken? No other residents were affected, 14 other residents on that unit had the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the alleged deficient practice does not</p>	01/21/2022

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	<p>During an interview, on 1/6/22 at 11:15 A.M., the facility Administrator indicated repairs were needed for each of the identified concerns in the rooms of Resident B, Resident G, Resident H, Resident I, Resident E, and Resident F.</p> <p>On 1/5/22 at 12:50 P.M., the facility Administrator provided the Resident Rights and Facility Responsibilities, undated, and indicated these were the Resident Rights and Facility Responsibilities currently used by the facility. A review of the Resident Rights and Facility Responsibilities indicated, "...the resident has a right to a safe, clean, comfortable and homelike environment..."</p> <p>This Federal tag relates to Complaint IN00369359.</p> <p>3.1-19(f)</p>		<p>occur?</p> <p>During daily rounds (regular business days), rooms will be observed for cracks/holes, exposed screws / nails and loose baseboard and reported to maintenance for repair.</p> <p>4. How will the corrective action be monitored to ensure the alleged deficient practice will not occur?</p> <p>The Maintenance Supervisor and/or Designee will ensure that rooms on this unit are inspected weekly x30 days and then weekly x5 months and will report findings to the QA/QAPI committee monthly X 6 months. If 100 % compliance or greater has not been achieved by the end of the 6 months, then the monitoring will continue until this threshold has been reached.</p> <p>5. By what date will systemic changes be completed?</p> <p>1/21/2022</p>	