STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155070	A. BUILDING 00 B. WING	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREEN VALLEY CARE CENTER	3118 GREEN VALLEY RD NEW ALBANY, IN 47150

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00458882. Complaint IN00458882 - Federal/State deficiencies related to the allegations are cited at F628 and F695. Survey date: June 4, 2025 Facility number: 000028 Provider number: 155070 AIM number: 100275370 Census Bed Type: SNF/NF: 119 Total: 119 Census Payor Type: Medicare: 6 Medicaid: 85 Other: 28 Total: 119 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 6, 2025.	F 0000	This Plan of Correction is to serve as Green Valley Care Center's credible allegation of compliance. By submitting the enclosed materials, Green Valley Care Center nor its management company are admitting the truth or accuracy of any specific findings or allegations. Green Valley Care Center reserves the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 6/20/2025 to the state findings of the Complaint Survey conducted on 6/4/2025 Green Valley Care Center respectfully requests a desk review.	
F 0628 SS=E Bldg. 00	483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 48 Discharge Process Based on interview and record review, the facility failed to ensure bed hold polices were provided to residents/resident representatives (Resident C, Resident D, Resident F and Resident B) discharged to the hospital for 4 of 4 residents reviewed for transfers/discharges.	F 0628	F628 – Discharged Process **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?**	06/16/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Greg Dattilo	Executive Director	06/16/2025

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	Findings include: 1. The clinical record for Resident C was reviewed on 6/4/25 at 11:31 a.m. The resident's diagnoses included, but were not limited to, paraplegia and neuromuscular dysfunction of the bladder. The progress note, dated 5/26/25 at 1:00 a.m., indicated the resident was very lethargic and the catheter had blood tinged urine in the catheter bag. The physician was notified and a new order was received to send the resident to the hospital for evaluation. The clinical record lacked documentation of the bed hold documentation provided to the resident or the resident's representative at the time of discharge. 2. The clinical record for Resident D was reviewed on 6/4/25 at 2:49 p.m. The resident's diagnoses included, but were not limited to, dementia and subdural hemorrhage with loss of consciousness. The progress note, dated 5/29/25 at 11:14 a.m., indicated Resident D's son was at the facility and requested the resident be sent to the hospital for evaluation. They physician was notified with a new order to send the resident to the hospital for evaluation. The clinical record lacked documentation of bed hold documentation provided to the resident or the resident's family member at the time of discharge. 3. The clinical record for Resident F was reviewed on 6/4/25 at 2:58 p.m. The resident's diagnoses included, but were not limited to, Parkinson's		No resident had any negative outcomes related to this deficient practice. Resident C, Resident D, Resident F and Resident B were all discharged from the facility prior to survey. **How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?** Any resident that is Discharged for Transferred could be affected by the deficient practice. An in-house audit has been conducted of residents who have been discharged or transferred in the last 30 days to identify if a bed hold policy was given. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Nursing management will provide education ensuring residents who are transferred or discharged from the facility will be given the Indiana Notification of Transfer or Discharge form and facility Bed Hold Policy will to be provided to all nursing staff. No staff will work past date of compliance without this education completed. Residents who are discharged or transferred will be discussed at morning and afternoon meetings to ensure that Bed Hold Policy were given and documentation has been uploaded into the clinical record.	

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	disease, chronic obstructive pulmonary disease and infection/inflammatory reaction due to joint prosthesis. The progress note, dated 5/27/25 at 8:30 p.m., indicated the resident was found with cyanotic finger tips and the resident's oxygen saturation was not registering. When the oxygen did register, saturation was in the 50's. Oxygen was placed on the resident per nasal cannula at 4 liters per minute. The resident's oxygen came up to 93%. The physician was notified with a new order to send to the hospital for evaluation. The clinical record lacked documentation of bed hold documentation provided to the resident or resident's representative at the time of discharge. 4. The clinical record for Resident B was reviewed on 6/4/25 at 9:54 a.m. The resident's diagnoses included, but were not limited to, cerebral infarction and convulsion. The progress note, dated 12/25/24 at 3:55 p.m., indicated the resident was not responding, eyes were deviated and sternal rubs were ineffective. The family member was at bedside, the physician was notified with a new order to send the resident to the emergency department for evaluation. The transfer form and clinical record lacked documentation of bed hold documentation provided to the resident/resident representative at the time of discharge. The resident readmitted to the facility on 1/4/25. The progress note, dated 1/17/25 at 12:57 p.m., indicated the resident's oxygen saturation was very low, ineffective sternal rubs, and breathing		**How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?** DON/Designee will audit the clinical record of residents who are Discharged or Transferred for the Bed Hold Policy. Audits will occur daily x 5 days for 4 weeks and 1 x week for 5 months. The results of these reviews will be discussed at the monthly facility QAPI meeting monthly for 3 months and then quarterly thereafter for a total of 6 months. Frequency and duration of reviews will be increased as needed if any areas of noncompliance are identified during the auditing process.	

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	with his abdominal muscles. The resident was placed on oxygen. The physician was notified with a new order to send the resident to the emergency department and report was called to the hospital. The clinical record lacked documentation of bed hold documentation being provided to the resident prior to discharge. During an interview on 6/4/25 at 3:10 p.m., the Director of Nursing (DON) indicated she was aware the bed hold had to be sent with the resident, but if there was an emergent situation, it may not be done. On 6/4/25 at 3:28 p.m., the DON provided a current copy of the document titled "Discharge Process and Bed Holds" dated 1/3/22. It included, but was not limited to, "Notice of bed-hold policy and returns...Bed-hold notice upon transfer...At the time of transfer of a resident for hospitalization...a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy...." This Citation relates to Complaint IN00458882 3.1-12(a)25(A) 3.1-12(a)25(B)			
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning Based on observation, interview and record review, the facility failed to ensure the physician's orders were in place for weekly maintenance of nebulizer equipment and failed to ensure nebulizer respiratory assessments were completed prior and after administration for 1 of 3 residents reviewed	F 0695	F695 – Respiratory/Tracheostomy Care and Suctioning **What corrective actions will be accomplished for those residents found to have been affected by the deficient**	06/16/2025

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	for respiratory care. Findings include: The clinical record for Resident B was reviewed on 6/4/24 at 9:54 a.m. The resident's diagnosis included, but was not limited to, chronic obstructive pulmonary disease. Review of the December 2024 medication administration record (MAR) indicated the resident received pulmicort 0.5 mg (milligrams)/2 ml (milliliters). The resident was to received 2 ml, via nebulizer, twice daily. The resident's clinical record lacked documentation of the December weekly replacement of the nebulizer respiratory equipment. Review of the January 2025 MAR indicated the resident received pulmicort 0.5 mg (milligrams)/2 ml (milliliters). The resident received 2 ml, via nebulizer, twice daily upon readmission on 1/5/25. The resident's clinical record lacked documentation of the January completed respiratory assessments and the weekly replacement of the nebulizer respiratory equipment. During an interview on 6/4/25 at 2:23 p.m., Licensed Practical Nurse (LPN) 3 indicated to ensure the effectiveness of a nebulizer treatment, a respiratory assessment should be completed prior to and after completion of the treatment. The nebulizer equipment should be changed out weekly. On 6/4/25 at 3:09 p.m., the Director of Nursing		**practice?** Resident B did not have any negative outcomes related to the deficient practice. An order to replace the nebulizer respiratory equipment weekly was placed on Resident B's clinical record. Before and after respiratory assessments were placed on Resident B's clinical record in relation to the nebulizer order. **How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?** Current in-house residents with orders for nebulizers could be affected by the deficient practice. An in-house audit has been completed by nursing management/designee on current in-house residents to ensure nebulizer orders have before and after respiratory assessments and an order to change the nebulizer respiratory equipment weekly. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Nursing management will provide education on before and after respiratory assessments when administering nebulizer treatments and weekly replacement of nebulizer respiratory equipment to nursing staff by date of compliance. No staff will work	

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	provided a current, undated copy of the document titled "Nebulizer Treatment, small volume". It included, but was not limited to, "Please included the following information when completing the procedure...Entire setup should be changed weekly...Implementation...Monitor the patient's heart rate and respiratory status during the procedure...After treatment, turn off the nebulizer, obtain the patients' vital signs, assess the respiratory status...." This Citation relates to Complaint IN00458882 3.1-47(a)(6)		past date of compliance without this education completed. **How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?** DON/Designee will audit clinical record of current residents with nebulizer treatments for before and after respiratory assessments and weekly replacement of nebulizer respiratory equipment daily x 5 days for 4 weeks and 1 x week for 5 months. The results of these reviews will be discussed at the monthly facility QAPI meeting monthly for 3 months and then quarterly thereafter for a total of 6 months. Frequency and duration of reviews will be increased as needed if any areas of noncompliance are identified during the auditing process.	