

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155412	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2023
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 937 FRY RD GREENWOOD, IN 46142
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00409546.</p> <p>Complaint IN00409546 - Federal/State deficiencies related to the allegations are cited at F573.</p> <p>Survey date: July 19, 2023</p> <p>Facility number: 000509 Provider number: 155412 AIM number: 100266620</p> <p>Census Bed Type: SNF/NF: 93 Total: 93</p> <p>Census Payor Type: Medicare: 12 Medicaid: 72 Other: 9 Total: 93</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 27, 2023.</p>	F 0000	<p>The plan of correction is to serve as Greenwood Health and Living's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Greenwood Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>The facility respectfully request desk review</p>	
F 0573 SS=D Bldg. 00	<p>483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  marcia mack	TITLE  RN,DON	(X6) DATE  08/03/2023
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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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	<p>producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>Based on interview and record review, the facility failed to provide medical records to the POA</p>	F 0573	<b>F 573 Right to Access/Purchase Copies of Records</b>	08/07/2023

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	<p>(Power of Attorney) for 1 of 3 residents reviewed for access to medical records. (Resident B)</p> <p>Finding includes:</p> <p>On 7/19/23 at 12:20 p.m., Resident B's clinical record was reviewed. The clinical record indicated Resident B passed away in January 2023.</p> <p>During an interview with Administrator and DON on 7/19/23 at 1:56 p.m., the facility last corresponded with the POA of Resident B in January of 2023 after her father passed away. The medical records person had indicated the POA was sent a medical release form to which the POA sent back signed in February, however, there was no follow up as to how or whether the POA received the medical records. The Administrator indicated once the form was received by the medical records department, the Administrator immediately sends a copy of the completed request to the legal department of the company for approval. The Administrator indicated he did not receive a request to get medical records nor did he hear from the corporation's legal department. The medical records laptop was reviewed by the technology department, there was no correspondence between the medical records person and the legal department of the facility.</p> <p>On 7/19/23 at 12:30 p.m. the DON presented the facility's "Legal Policy and Procedure for ALL requests for Medical Records", dated October 2017, and indicated it was the policy currently in use by the facility, which indicated under the guidance, the health records of a deceased patient may be requested by the person's representative...</p> <p>This Federal tag relates to Complaint IN00409546.</p>		<p><b>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</b> Resident's POA was given requested documents</p> <p><b>II. The facility will identify other residents that may potentially be affected by the practice.</b> Facility reviewed other known medical requests to ensure documents were given</p> <p><b>III. The facility will put into place the following systematic changes to ensure that the practice does not recur.</b> Medical records staff is being educated regarding medical records policy</p> <p><b>IV. The facility will monitor the corrective action by implementing the following measures.</b> DON or Designee will audit medical record requests to ensure all documents are obtained and received. Audit will be completed weekly times 4 weeks, monthly times 3 and quarterly on going</p> <p>The results of these reviews will be</p>	

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	3.1-4(b)(2)		<p>discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p><b>V. Plan of Correction completion date.</b></p> <p>Date of Compliance 08/07/2023 The Administrator will be responsible for ensuring the facility is in compliance by date of compliance listed.</p>		