

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

PRINTED: 12/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2021
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIDGE BLVD GREENWOOD, IN 46142		
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for Investigation of Complaint IN00367317. This visit included a COVID-19 Focused Infection Control Survey. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00365003 and IN00365396 completed on October 29, 2021.</p> <p>Complaint IN00367317 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00365003- Corrected. Complaint IN00365396 - Corrected</p> <p>Survey dates: November 30 and December 1, 2021</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census Bed Type: SNF/NF: 187 Total: 187</p> <p>Census Payor Type: Medicare: 10 Medicaid: 130 Other: 47 Total: 187</p> <p>Greenwood Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00367317 and the COVID-19 Focused Infection Control Survey.</p> <p>Quality Review completed on December 02,</p>	F 000			

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 000	Continued From page 1 2021.	F 000			