

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

PRINTED: 10/12/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155788		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2023	
NAME OF PROVIDER OR SUPPLIER  GREENWOOD MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N STATE ROAD 135 GREENWOOD, IN 46142			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This included the Investigation of Complaint IN00416539.</p> <p>Complaint IN00416539 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 7, 8, 11, 12, 13, and 14, 2023</p> <p>Facility number: 012564 Provider number: 155788 AIM number: 201018510</p> <p>Census Bed Type: SNF/NF: 117 SNF: 23 Total: 140</p> <p>Census Payor Type: Medicare: 21 Medicaid: 67 Other: 52 Total: 140</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 18, 2023.</p>			F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit December on or after October 11th 2023.</p>		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Laura Dyer

Executive Director

10/04/2023

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>or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with an indwelling catheter received care to prevent UTI's (urinary tract infections) for 1 of 1 residents reviewed for catheters. The urinary catheter tubing and bag were resting on the floor. (Resident 65)</p> <p>Findings include:</p>			F 0690	<p>F690 (D) Bowel and Bladder Incontinence, Catheter, UTI</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>·Nursing staff to provide catheter bag holder to wheelchair of resident 65.</p>		10/11/2023

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	<p>On 9/8/23 at 10:58 a.m., Resident 65 was observed sitting in her wheelchair with the indwelling catheter tubing touching the floor.</p> <p>On 9/11/23 at 10:57 a.m., Resident 65 was observed sitting in her wheelchair with her indwelling catheter bag and tubing touching the floor.</p> <p>On 9/12/23 at 11:46 a.m., Resident 65 was observed sitting in the dinning room in her wheelchair with her indwelling catheter tubing touching the floor.</p> <p>On 9/13/23 at 8:52 a.m., Resident 65 was observed sitting in the dinning room in her wheelchair with her indwelling catheter tubing touching the floor.</p> <p>On 9/13/23 at 11:20 a.m., Resident 65 was observed sitting in the dinning room in her wheelchair with her indwelling catheter tubing resting on the floor.</p> <p>On 9/14/23 at 11:24 a.m., Resident 65 was observed in bed with the indwelling catheter tubing touching the floor.</p> <p>On 9/14/23 at 11:30 a.m., Resident 65's clinical record was reviewed. The diagnoses included, but were not limited to, chronic kidney disease, type 2 diabetes mellitus, vascular dementia, cognitive communication deficit, and personal history of UTIs.</p> <p>A progress note, dated 9/13/23 at 10:07 a.m., indicated the resident had a UTI and was ordered antibiotics for treatment.</p> <p>A review of the resident's current, September 2023, physician's ordered indicated on 9/13/23 the</p>				<p>·All nursing staff re-educated by DNS/designee on catheter storage.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>·All residents with foley catheters have the potential to be affected by the alleged deficient practice.</p> <p>·All residents with foley catheters will be reviewed by the Nurse Management team. Catheter bag holders will be added to their wheelchairs for storage.</p> <p>·DNS/Designee will conduct an in-service with all nursing staff on catheter storage.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>·DNS/Designee will conduct an in-service with all nursing staff on catheter storage.</p> <p>·All residents with catheters including 65 will be provided with a catheter bag holder to their wheelchair.</p> <p>·A daily rounding tool including catheter storage and placement will be utilized by the Care Companions/Department Manager team.</p>		

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F 0732 SS=C Bldg. 00	<p>resident was prescribed Macrobid (an antibiotic medication) for UTI treatment.</p> <p>A urinalysis (UA) dated 7/21/23 indicated the resident had a UTI.</p> <p>A UA dated 6/19/23 indicated the resident had a UTI.</p> <p>A UA dated 5/16/23 indicated the resident had a UTI.</p> <p>A 5/5/23 indwelling urinary catheter care plan, current through 10/10/23, indicated an intervention for staff to not allow tubing or any part of the draining system to touch the floor.</p> <p>During an interview on 9/14/23 at 11:30 a.m., the 100 hall Unit Manager (UM) indicated the resident currently had an UTI. During an observation at that time with UM present, the indwelling catheter tubing was observed touching the floor. The UM indicated the tubing should have been clipped up on the bed.</p> <p>3.1-41(a)(2)</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State</p>				<p><b>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>·POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</p>		

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	<p>law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the daily nurse staffing information sheet was changed each day, the total hours and actual hours worked by licensed staff was broken down into categories, and failed to maintain the sheets for a period of 18 months for 1 of 1 daily nurse staffing information sheets observed.</p> <p>Findings include:</p> <p>On 9/7/23 at 11:00 a.m., the daily nurse staffing information sheet was observed to be on the receptionist desk dated for 9/1/23. The staffing information sheet lacked documentation of each</p>			F 0732	<p>F732 (C) Posted Nursing Staffing Information</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·No residents were identified.</li> <li>·The posted Nursing Staffing Data Sheet was updated to break down the number of RNs and LPNS working each shift.</li> <li>·The ED, Scheduler, CEN, DNS and front office staff were educated by the RVP on daily staff posting</li> </ul>		10/11/2023

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	<p>shift broken down by Registered Nurse (RN), Licensed Practical Nurse (LPN) and Certified Nurse Aide (CNA).</p> <p>During an interview on 9/14/23 at 11:57 a.m., the Administrator indicated the nurse staffing information sheet should be changed every day.</p> <p>During an interview on 9/14/23 at 11:58 a.m., the Regional Director of Clinical (RDC) indicated she had changed the sheet on 9/7/23, but was unsure what time it was changed.</p> <p>During an interview on 9/14/23 at 12:11 p.m., the RDC indicated the nurse staffing information sheet from 9/1/2023 was not available because it had been put in the shredder box.</p> <p>On 9/14/23 at 1:19 p.m., the Director of Nursing provided the facility policy, "Posted Nurse Staffing Data and Retention Requirements," dated 7/2019, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... Policy: ... The facility must maintain the posted daily nurse staff data for a minimum of 18 months ... Procedure: 1. The facility must post the the following information at the beginning of each shift ... d. The total number and actual hours worked by the following categories of licensed and unlicensed staff ... i. Registered nurses, ii. Licensed practical nurse, iii. Certified nurse aides ... 7. The Total Hours column should be broken down by total hours worked by RN, LPN and CNA ...</p>				<p>and maintaining records for eighteen months.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·ALL residents have the potential to be affected by the alleged deficient practice.</li> <li>·The posted Nursing Staffing Data Sheet was updated to break down the number of RNs and LPNS working each shift.</li> <li>·The ED, Scheduler, CEN, DNS and front office staff were educated by RVP on daily staff posting and maintaining records for eighteen months.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·The posted Nursing Staffing Data Sheet was updated to break down the number of RNs and LPNS working each shift.</li> <li>·The ED, Scheduler, CEN, DNS and front office staff were educated by RVP on daily staff posting and maintaining records for eighteen months.</li> <li>·Daily Rounding tool to include posted staffing completed by Care Companions/Department Manager daily.</li> </ul>		

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			<b>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> ·POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director ·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.		