

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

PRINTED: 11/23/2021  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/29/2021
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 377 WESTRIDGE BLVD GREENWOOD, IN 46142
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00365003 and IN00365396. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00365003 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00365396 - Substantiated. Federal/State deficiencies related to the allegations are cited at F726.</p> <p>Survey dates: October 28 and 29, 2021</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census Bed Type: SNF/NF: 183 Total: 183</p> <p>Census Payor Type: Medicare: 12 Medicaid: 126 Other: 45 Total: 183</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on November 05, 2021.</p>	F 0000		
F 0726 SS=D Bldg. 00	<p>483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff</p>			

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 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>with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were not left unattended on a resident's bedside table for 1 of 1 randomly observed resident. (Resident B)</p> <p>Findings include:</p> <p>On 10/28/21 at 2:05 P.M., Resident B was sitting in</p>	F 0726	<p>F726</p> <p><b>Resident B was not harmed by the alleged deficient practice. The medications left at bedside were later administered in the presence of a licensed nurse. The Qualified Medication Assistant (QMA) had a one on</b></p>	11/17/2021

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	<p>her room next to the bedside table. Two plastic cups were observed on the bedside table. In 1 cup was a purple colored liquid. In the other cup were 2 capsules and 10 tablets. No staff members were present in the resident's room or near the resident's room door.</p> <p>The following medications were observed in the medication cups on Resident B's bedside table: One 1mg tablet of Klonopin One 220mg capsule of zinc One 25mcg tablet of vitamin D One 20mg tablet of torsemide One 25mg tablet of spironolactone One 5mg tablet of oxybutynin One multivitamin tablet One capsule of florastor One 20mg tablet of famotidine One 5mg tablet of Eliquis One 40mg tablet of citalopram 575mg/ml of elderberry syrup</p> <p>On 10/28/21 at 2:10 P.M., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease and dysphagia. The quarterly Minimum Data Set assessment, dated 7/30/21, indicated the resident was cognitively intact.</p> <p>A physician's order, start date 11/3/20, indicated to give the resident one 1mg tablet of Klonopin twice a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one 220mg capsule of zinc once a day.</p> <p>A physician's order, start date 8/6/21, indicated to give the resident one 25mcg tablet of vitamin D once a day.</p> <p>A physician's order, start date 9/16/21, indicated to give the resident one 20mg tablet of torsemide</p>		<p><b>one in-service on medication administration with emphasis on remaining with the resident until all medications were taken. A medication administration competency was completed with the QMA.</b></p> <p><b>All other residents residing in the facility receiving medications have the potential to be affected. An audit in the form of observation was conducted; all resident rooms were checked by a licensed nurse to ensure no medications were at bedside unattended. Any findings were reported to the physician and family, and medications were removed, and correctly administered.</b></p> <p><b>The DON/Designee has in-serviced all QMAs and licensed nurses on the facility's policy identified as, "Medication Administration" with emphasis on remaining with the resident until all medications have been taken.</b></p> <p><b>The DON/Designee will audit by observation residents' rooms during med pass times to ensure no medications have been left at bedside, unless the resident has a Self-Administration assessment. This will be conducted as: 10 residents'</b></p>		

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	<p>once a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one 25mg tablet of spironolactone a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one 5mg tablet of oxybutynin once a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one multivitamin tablet once a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one capsule of florastor once a day.</p> <p>A physician's order, start date 5/19/21, indicated to give the resident one 20mg tablet of famotidine once a day.</p> <p>A physician's order, start date 5/19/21, indicated to give the resident one 5mg tablet of Eliquis once a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident 575mg/ml of elderberry syrup once a day.</p> <p>A physician's order, start date 5/18/21, indicated to give the resident one 40mg tablet of citalopram once a day.</p> <p>The medication administration record indicated medications had been administered to the resident on 10/28/21; for the following medications: Klonopin 1mg PO (by mouth) zinc 220 1 cap PO vitamin D 25 micrograms PO torsemide 20mg PO spironolactone 25mg PO oxybutynin Chloride 5mg PO multivitamin 1 tab PO florastor 1 cap PO famotidine 20mg PO Eliquis 5mg PO</p>		<p><b>rooms every week x 1 month, then 5 residents' rooms x 1 month, then 10 residents' rooms monthly x 1 month. The DON will report to the QAPI Committee monthly findings from the weekly audits. This process will be monitored by the Director of Nursing Services, Administrator and Medical Director. The QAPI committee will determine when 100% compliance is achieved and if further monitoring is required</b></p>		

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F 0921 SS=D Bldg. 00	<p>elderberry syrup 575 mg/ml PO citalopram 40mg PO</p> <p>During an interview, on 10/28/21 at 2:16 P.M., Resident B indicated Qualified Medication Aid (QMA) 1 had brought her medications to her, placed them on her bedside table, and left the room. She stated the nursing staff and medication aides leave her medications on her table on a frequent basis. She indicated the medications were those listed above.</p> <p>During an interview, on 10/28/21 at 2:20 P.M., the Director of Nursing indicated QMA 1 was the staff who administered medications to Resident B. Medications were not to be left anywhere unattended by nurses or QMAs. Nurses or QMAs were to observe the resident taking the medications.</p> <p>On 10/29/21 at 12:05 P.M., the Director of Nursing provided the policy, Medication Administration, revised date of 12/14/21, and indicated this was the policy currently used by the facility. A review of the policy indicated, "...never leave medications unattended...remain with the resident until the medication is swallowed...do not leave medication at bedside..."</p> <p>This Federal tag relates to Complaint IN00365396.</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure a resident's room was clean and free from damage to the wall of the bathroom for 1</p>	F 0921	F 921 The facility provides a Safe/Functional/Sanitary/Comforta	11/17/2021	

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	<p>of 3 residents reviewed for a clean, comfortable and homelike environment. (Resident C)</p> <p>Findings include:</p> <p>On 10/28/21 at 11:15 A.M., Resident C's room was observed to have dirt and food crumbs on the floor, under the bed, and in the corners of the floor. The resident's bathroom floor had dirt on the floor beneath the sink and toilet and in the corners of the floor. Beneath the toilet, where the wall met the floor, was a hole approximately 3 inches in diameter. Beneath the sink was a pipe going into the wall. A cloth was pressed around the pipe partially within the wall. The cloth was damp and soiled. The wall beneath the pipe had a dark stain in a pattern that indicated the pipe had been leaking.</p> <p>During an interview, on 10/28/21 at 11:20 A.M., Resident C indicated the floor in the room and the bathroom had not been cleaned for at least 2 weeks. The hole in the wall had been there for no less than 2 weeks, and spiders came in the room from the hole. The pipe going from the sink had been leaking for no less than 2 weeks, and the cloth had been around the pipe for as long as he could recall, no less than 2 weeks. He did not remember staff ever checking it.</p> <p>During an interview, on 10/28/21 at 3:05 P.M., the facility Administrator indicated the resident's room required cleaning, and the hole in the wall and pipe were in need of repair. The facility did get spiders inside around that time of year.</p> <p>This Federal tag relates to Complaint IN00365003.</p> <p>3.1-19(f)(5)</p>		<p>ble Environment. Resident C's room was immediately repaired, and inspected for spiders. The inspection revealed NO evidence of spiders or any other insects. All rooms on the unit were inspected. The cove base, plumbing, and walls were found to be in order. No insects were discovered.</p> <p>The Maintenance Director and the housekeeping supervisor will monitor the area, to insure they meet the standards of the Facility and the ISDH.</p> <p>The area will be monitored daily, Monday thru Friday, with the exception of holidays, until January 31, 2022. The area will be monitored weekly on going.</p> <p>The administrator will monitor during daily rounds. Minor repairs are too made within 24 hours or immediately if more urgent. The administrator will present findings to the QAPI committee.</p> <p>The QAPI committee will monitor for 3 months.</p>		