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

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

NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   170 1/2021	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING					
MAME OF PROVIDER OR SUPPLIER  GREENWOOD HEALTHCARE CENTER  SITIEST ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIOGE BLVD GREENWOOD, IN 45142  FREEK (RACH OFSIGNEY WIRST RE PRECEDED BY FULL REGULATORY OR LSC IDENTIFIVING INFORMATION)  FREEK (RACH OFSIGNEY WIRST RE PRECEDED BY FULL REGULATORY OR LSC IDENTIFIVING INFORMATION)  This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00365003 and IN00365398 completed on October 29, 2021. This visit was in conjunction with the Investigation of Complaint IN00365396 COrrected.  Complaint IN00365396 - Corrected.  Complaint IN00365397 and and COVID-19 Focused infection Control Survey.  Complaint IN00365396 - Corrected.  Complaint									
GREENWOOD HEALTHCARE CENTER  (A) ID PHERIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL (EACH DEFICIENCY))  (F 000)  INITIAL COMMENTS  (F 000)  INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00365396 completed on October 29, 2021. This visit was for on conjunction with the Investigation of Complaint IN00365396 completed on October 29, 2021. This visit was for on conjunction with the Investigation of Complaint IN00365396 - Corrected.  Complaint IN0036503- Corrected.  Complaint I	NAME OF D	DOVIDED OR SUDDILIED	100190	B. WING _	etdeet address city state	ZID CODE	12/	01/2021	
GREENWOOD, IN 46142  ((A1) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 000) INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00365396 completed on October 29, 2021. This visit was in conjunction with the Investigation of Complaints IN00365396 completed on October 29, 2021. This visit was in conjunction with the Investigation of Complaints IN00365396 completed on October 29, 2021. This visit was in conjunction with the Investigation of Complaint IN00365396 - Corrected. Complaint IN00365396 - Corrected. Complaint IN00365396 - Corrected. Complaint IN00365396 - Corrected. Survey dates: November 30 and December 1, 2021  Facility number: 000101 Provider number: 155193 AIM number: 100291290  Census Bed Type: SNF/NF: 187 Total: 187  Census Payor Type: Medicare: 10 Medicaid: 130 Other: 47 Total: 187  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 PSR to the Investigation of Complaints IN00365003 and	NAME OF PR	ROVIDER OR SUPPLIER				E, ZIP CODE			
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	GREENWOOD HEALTHCARE CENTER								
This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00365003 and IN00365396 completed on October 29, 2021. This visit was in conjunction with the Investigation of Complaint IN00367317 and a COVID-19 Focused infection Control Survey.  Complaint IN00365003- Corrected. Complaint IN00365996 - Corrected. Complaint IN00367317 - Substantiated. No deficiencies related to the allegations are cited.  Survey dates: November 30 and December 1, 2021  Facility number: 000101 Provider number: 155193 AIM number: 100291290  Census Bed Type: SNF/NF: 187 Total: 187  Census Payor Type: Medicare: 10 Medicaid: 130 Other: 47 Total: 187  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 PSR to the Investigation of Complaints In00365003 and	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE CROSS-REFERENCE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
the Investigation of Complaints IN00365003 and IN00365396 completed on October 29, 2021.  This visit was in conjunction with the Investigation of Complaint IN00367317 and a COVID-19 Focused infection Control Survey.  Complaint IN00365003- Corrected. Complaint IN00365317 - Substantiated. No deficiencies related to the allegations are cited.  Survey dates: November 30 and December 1, 2021  Facility number: 000101 Provider number: 155193 AIM number: 100291290  Census Bed Type: SNF/NF: 187 Total: 187  Census Payor Type: Medicare: 10 Medicaid: 130 Other: 47 Total: 187  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 PIRR to the Investigation of Complaints IN00365003 and	{F 000}	INITIAL COMMENTS		{F 0	00}				
Total: 187  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 PSR to the Investigation of Complaints IN00365003 and		the Investigation of C IN00365396 complet This visit was in conjuted of Complaint IN0036500 Complaint IN0036500 Complaint IN0036539 Complaint IN0036539 Complaint IN0036539 deficiencies related to Survey dates: Novem 2021  Facility number: 0001 Provider number: 155 AIM number: 100291 Census Bed Type: SNF/NF: 187 Total: 187  Census Payor Type: Medicare: 10 Medicaid: 130	omplaints IN00365003 and ted on October 29, 2021. Junction with the Investigation 7317 and a COVID-19 Introl Survey.  03- Corrected. 06 - Corrected. 17 - Substantiated. No to the allegations are cited.  18 and December 1, 101 101 101 101 101 101 101 101 101						
11400000000		Greenwood Healthca compliance with 42 C 410 IAC 16.2-3.1 in re	FR Part 483, Subpart B and egard to the PSR to the						
Quality Review completed on December 02,  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE	ADCDATE							(VC) 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		155193	B. WING _			R-C <b>12/01/2021</b>		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  377 WESTRIDGE BLVD				
GREENWO	OOD HEALTHCARE CEN	TER		GREENWOOD, IN 46142				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE ACTION	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE -REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{F 000}	Continued From page 2021.	:1	{F 00					