STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155026	A. BUILDING 00 B. WING	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENWOOD VILLAGE SOUTH	295 VILLAGE LANE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00393264. Complaint IN00393264 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689. Survey date: October 27, 2022 Facility number: 000010 Provider number: 155026 AIM number: 100453660 Census Bed Type: SNF/NF: 121 Residential: 28 Total: 149 Census Payor Type: Medicare: 15 Medicaid: 54 Other: 52 Total: 121 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed November 2, 2022.	F 0000	Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. Greenwood Village South reserves the right to challenge in legal proceedings all deficiencies, statements, finding, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Pamela Seegers | Administrator | 11/17/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to provide supervision to prevent elopements for 1 of 3 residents reviewed. A resident that was transferred from a secured memory care unit to a unsecured unit in the same facility exited the facility and was found outside, by a visitor, approximately 100 yards from the facility. (Resident B) Finding includes: During an interview on 10/27/22 at 8:36 a.m., QMA 1 indicated she was made aware of Resident B exiting the facility a few days ago. Resident B was on 15-minute checks and had a wander guard on since the elopement. During an interview on 10/27/22 at 9:19 a.m., the emergency contact for Resident B indicated she was made aware that Resident B and another female resident were exhibiting aggressive behaviors when the staff would try to redirect them. When the emergency contact asked the Director of Nursing (DON) for recommendations, the DON indicated to her that Resident B could be moved to a long-term care unit in the facility, and he would receive a wander guard (a device worn by a resident that will alert staff when that resident opens a door). She was under the impression that the unsecured long-term care unit would be just as secure since Resident B would be wearing the wander guard, so she approved the transfer. The emergency contact called the facility to check on Resident B and LPN 1 (Licensed Practical Nurse) answered the phone and placed her on hold. After a few minutes on	F 0689	=""> p=""> =""> p=""> =""> p=""> b=""> I. Resident B experienced no harm related to the incident. It is the policy of GVS to identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. ="" span=""> II. No other residents were affected, but the facility realizes other residents that transfer from a secured unit to an unsecured unit have the potential to be affected. ="" span="">**III. The Wandering and Elopements Policy was reviewed and found to meet clinical standards. Education has been provided to GVS nurse managers and interdisciplinary team on the Wandering and Elopements Policy including additional measures for those residents transferring from a secured unit to an unsecured unit. This includes adding an order to the electronic medical record that will prompt the nurse to visually check the location and verify the safety of the resident**	11/19/2022

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	hold, LPN 1 came back on and indicated to her that Resident B had left the unit. The emergency contact was never told Resident B exited the facility. During an interview on 10/27/22 at 10:06 a.m., the Administrator indicated Resident B exited the facility through an exit door at the front of the facility. She was not sure if any alarm sounded. Once Resident B walked out the door, he walked behind the independent living building. After approximately 15 minutes, Resident B was found by a visitor and was taken inside the rear entrance of the independent living building. A member of the kitchen staff from the independent living building notified the Administrator, by phone, that Resident B had been brought inside their building. On 10/27/22 at 10:10 a.m., the area where Resident B was found outside the facility was observed to be approximately 100 yards from the facility. The clinical record for Resident B was reviewed on 10/27/22 at 10:15 a.m. The diagnoses included, but were not limited to, Alzheimer's dementia and cognitive communication deficit. A 5-day MDS (Minimum Data Set) assessment, dated 10/12/22, indicated Resident B was not cognitively intact. A progress note, dated 10/24/22 at 9:19 p.m., indicated Resident B was outside facility and escorted back into the building by a staff member. Wander guard is in place to right ankle and functioning. Initiated every 15-minute visual checks for 72 hours. Resident B had just moved over to this unit from another unit earlier in shift. Resident B had been pleasantly confused and		**every 15 minutes for the first 72 hours after the transfer.** **/p>** **="" span="">** IV. The Director of Nursing or designee will audit any transfers from a secured unit to an unsecured unit for the completion of the 15-minute checks daily for the 72 hours after the transfer. The audit results will be submitted to and discussed with the QAPI committee monthly for 12 months. /p> **/p>** **br="">** **br="">** **="" p="">** **="" p** **b="">** **="" p="">** **b="">** **="" p="">** **br="">** **br="">** **br="">** **="" p="">** **="" p="">** ="" p="">** ="" p="">** ="" p="">** ="" p="">** ="" p="">**	

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	cooperative with nursing staff. During an interview on 10/27/22 at 11:07 a.m., LPN 1 indicated she was the nurse caring for Resident B when he exited the facility. However, she did not know how Resident B exited the facility and did not hear any alarm sound. During an interview on 10/27/22 at 11:27 a.m., LPN 2 indicated she was the nurse that assisted with moving Resident B from the secured unit to the unsecured unit. She placed a wander guard on Resident B when he arrived to the new room before he exited the facility. On 10/27/22 at 8:45 a.m., the Director of Nursing provided a copy of a facility policy, titled Wandering and Elopements, dated March 2019, and indicated this was the current policy used by the facility. A review of the policy indicated, "The facility will identify resident who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents." This Federal tag relates to Complaint IN00393264. 3.1-45(a)(2)			