

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

PRINTED: 02/22/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/16/2024	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF GREENWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 2339 S STATE ROAD 135 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
R 0000 Bldg. 00	This was an offsite Licensure Investigation Survey Survey Date: February 16, 2024 Facility: #005722 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed February 16, 2024			R 0000	The submission of the Plan of Correction does not indicate an admission by Independence Village of Greenwood that the findings and allegations contained herein are an accurate and true representation of the Quality of Care provided to the residents of Independence Village of Greenwood. The Community hereby maintains it is in substantial compliance with the requirements of participation for residential health care communities. To this end, the Plan of Correction shall serve as the Credible Allegation of Compliance with all State requirements governing the operations of this Community.		
R 9999 Bldg. 00	16.2-5-1.1 Licenses (1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. This state rule was not met as evidenced by: Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on January 31, 2024			R 9999	1. No residents were affected by the deficient practice. 2. The Community realizes that no residents had the potential to be affected by the deficient practice. 3. The systemic change will occur the the steps in the Standard Operating Procedure entitled "License Renewal-Indiana		02/16/2024

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

TITLE

(X6) DATE

Karen Yarnell Rumble

Administrator

02/19/2024

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 disclosable 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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	The agency received the facility's renewal application and payment post marked February 5, 2024, which was not at least 45 days of the current license expiration date of January 31, 2024.				RCF.: Please see attached. 4. The Compliance Officer is responsible to monitor timely license renewals. A license renewal tracker Smartsheet is sent to the Community 45 prior to the time of the licensure expiration date. The communities license/certification will be expiring soon. If you have not received renewal information from the state 45 days before expiration please contact the communities state licensing consult. Y If you have questions or need assistance please email csig.compliance@csig.com . When the renewed license/certification is received please email a copy to csig.compliance@csig.com It should be noted that the facility license was received on 2/15/2024, prior to your offsite survey of 2/16/2024.		