

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

PRINTED: 06/13/2022

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 05/24/2022
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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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00380467, IN00379329, and IN00378951.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00380677.</p> <p>Complaint IN00380467 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00379329 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00378951 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00380677 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 16, 17, 18, 19, 20, 23, and 24, 2022.</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census Bed Type: SNF/NF: 182 Total: 182</p> <p>Census Payor Type: Medicare: 11 Medicaid: 128 Other: 43 Total: 182</p>	F 0000		
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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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F 0585 SS=E Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 26, 2022.</p> <p>483.10(j)(1)-(4) Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file</p>			

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	<p>grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p>			

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	<p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on interview and record review, the facility failed to ensure resident grievances were acted upon and promptly resolved for residents who had food complaints for 8 of 8 residents reviewed for food. (Resident 8, Resident 67, Resident 31, Resident 139, Resident 76, Resident 108, Resident 166, and Resident 98).</p> <p>Findings include:</p> <p>The following interviews were conducted during the survey.</p> <p>-On 5/17/22 at 3:03 p.m., Resident 8 indicated the food was terrible.</p>	F 0585	<p>F 585</p> <p>It is the policy of this facility to ensure resident grievances are acted upon and promptly resolved.</p> <p>1. What corrective Action will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>Food preference interviews are being conducted with residents.</p>	06/23/2022

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	<p>-On 5/19/22 at 10:42 a.m., Resident 67 indicated the food was terrible. The food was tough and overcooked.</p> <p>-On 5/17/22 at 2:00 p.m., Resident 31 indicated the food "sucks" and just does not taste good.</p> <p>-On 5/18/22 at 3:33 p.m., Resident 139 indicated the food was terrible. They served too much of the same things like broccoli and spinach.</p> <p>-On 5/18/22 11:26 a.m., Resident 76 indicated the food was not the best.</p> <p>-On 5/17/22 at 11:19 a.m., Resident 108 indicated the food does not taste good.</p> <p>-On 5/17/22 at 2:39 p.m., Resident 166 indicated the food was terrible.</p> <p>-On 5/17/22 at 12:10 p.m., Resident 98 indicated the food was terrible.</p> <p>On 5/23/22 at 3:00 p.m., the Dietary Manager provided copies of the Food Council Notes. The forms indicated the following:</p> <p>-On 3/18/22, the Food Council indicated the grilled cheese was soggy and was not toasted; a resident was given the wrong soup when ordered or was not given soup at all; chicken tenders were not given when ordered; the food was too salty; and too much pasta was on the menu.</p> <p>-On 4/15/22, the Food Council indicated the pancakes were hard; biscuits were hard; and breakfast was "soupy."</p> <p>The Food Council Notes lacked documentation of</p>		<p>2. How will other residents having the same potential to be affected by the alleged deficient practice be identified and what corrective action will be taken?</p> <p>All residents had the potential to be affected. Residents will be asked during Angel Rounds how their meals are. When a resident voices a concern, a concern form will be initiated.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the alleged deficient practice does not occur?</p> <p>Food Committee meetings will be held in conjunction with the Resident Council meetings with both the Activity Director and Dietary Manager to complete concerns with identified issues. Identified issues will be reviewed for completion during monthly QA. Dietary Manager, Activity Director and all staff inserviced on company grievance policy</p> <p>4. How will the corrective action be monitored to ensure the alleged deficient practice will not occur?</p> <p>The Executive Director and/or Designee will review Angel Rounds weekly and will ensure that grievances and concerns are resolved timely weekly x30 days</p>	

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F 0921 SS=E Bldg. 00	<p>the Dietary Manager's corrective action to the food council's concerns.</p> <p>During an interview on 5/24/22 at 11:36 a.m., the Dietary Manager indicated the food council meeting note's lacked documentation of corrective actions or follow-ups.</p> <p>On 5/24/22 at 1:10 p.m., the Director of Nurses provided the facility's policy, "Resident Grievance Indiana," dated of 6/19/18, and indicated it was the policy currently being used by the facility. A review of the policy indicated, " ...If corrective action was or will be taken, a summary of the corrective action. If corrective action will not be taken, then an explanation of why such action is not necessary..."</p> <p>3.1-7(a)(2)</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.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment for 10 of 25 rooms and 2 of 5 units reviewed for environment. Ceiling vents were dirty, ceiling tiles were stained, light covers were missing, outlet covers were missing, walls were in disrepair, equipment was dirty and broken, urine odors were present. (Reflections Unit 1 Hallway, Resident 39, Reflections Unit 2, Room 217, Room 125, Room 131, Room 232, Room 326, Room 136, Room 113, Room 107, Room 216)</p> <p>Findings include:</p>	F 0921	<p>and then weekly x5 months and will report findings to the QA/QAPI committee monthly X 6 months. If 100 % compliance or greater has not been achieved by the end of the 6 months, then the monitoring will continue until this threshold has been reached.</p> <p>5. By what date will systemic changes be completed?</p> <p>6/23/2022</p> <p>F 921</p> <p>It is the policy of this facility to provide a safe, functional, sanitary and comfortable environment.</p> <p>1. What corrective Action will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>The identified issues of the hallway HVC grills were cleaned.</p>	06/23/2022

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	<p>1. On 5/16/22 at 11:20 A.M., the first 2 ceiling vents in the Reflections 1 Unit hallway were observed to have a black powder-like substance on the grills.</p> <p>On 5/18/22 at 2:30 P.M., the same was observed.</p> <p>On 5/24/22 at 2:00 P.M., the same was observed.</p> <p>2. On 5/16/22 at 11:20 A.M., the ceiling tile around the second ceiling vent in the Reflections 1 Unit hallway was observed to be stained with a brown and black substance, indicative of water damage.</p> <p>On 5/18/22 at 2:30 P.M., the same was observed.</p> <p>On 5/24/22 at 2:00 P.M., the same was observed.</p> <p>3. On 5/16/22 at 11:20 A.M., a fluorescent ceiling light in Reflections 1 unit hallway was observed to be missing a light covering.</p> <p>On 5/18/22 at 2:30 P.M., the same was observed.</p> <p>On 5/24/22 at 2:00 P.M., the same was observed.</p> <p>4. On 5/17/22 at 10:45 A.M., the wall to the left of the entryway to the room of Room 125 was observed to have multiple dime size holes.</p> <p>5. On 5/18/22 at 11:25 A.M., the electrical outlet next to the bed in Room 131 was observed to have a missing outlet cover. The walls next to and behind the bed were observed to be stained with light brown stains in a pattern indicative of dripping water.</p> <p>On 5/20/22 at 2:00 P.M., the walls next to and behind the bed were observed to be stained with light brown stains in a pattern indicative of</p>		<p>The ceiling tiles replaced, fluorescent light cover replaced, outlet cover replaced, walls identified were repaired, cleaned and painted. All lights checked and working appropriately. The curtains in room 236 were cleaned. Thresholds repaired accordingly. Wash cloth removed from vent and blinds replaced.</p> <p>2. How will other residents having the same potential to be affected by the alleged deficient practice be identified and what corrective action will be taken?</p> <p>All residents on those units had the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the alleged deficient practice does not occur?</p> <p>During daily angel rounds (regular business days), rooms will be observed for cracks/holes, dirty HVAC grills, broken blinds, etc. and reported to maintenance for repair. All staff to be inserviced on proper way to notify maintenance of any environmental concerns. Leadership team inserviced on Angel Rounds check sheet.</p> <p>4. How will the corrective action be monitored to ensure the alleged deficient practice will not occur?</p>	

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	<p>dripping water.</p> <p>On 5/23/22 at 3:05 P.M., the walls next to and behind the bed were observed to be stained with light brown stains in a pattern indicative of dripping water.</p> <p>6. On 5/18/22 at 11:30 A.M., the walls next to and behind the bed in Room 217 were observed to be stained with light brown stains in a pattern indicative of dripping. The feeding tube pole next to the bed was observed to be stained with a dry, brown substance.</p> <p>On 5/20/22 at 2:01 P.M., the same was observed.</p> <p>On 5/23/22 at 3:06 P.M., the same was observed.</p> <p>7. On 5/17/22 at 2:02 P.M., Resident 39's broda chair and wedge pillow were observed to be dirty with a dried brown substance.</p> <p>On 5/19/22 at 11:11 A.M., the same was observed.</p> <p>On 5/24/22 at 2:30 P.M., the same was observed.</p> <p>8. On 5/18/22 at 11:19 A.M., Room 232 was observed with scuff marks and stains on the walls, the closet door and drawers would not close, and the light in the bathroom was not working.</p> <p>9. On 5/18/22 at 11:41 A.M., Room 326 privacy curtains were observed to be dirty with a dried dark red substance, the closet door was off the track, and the walls had scuff marks.</p> <p>10. On 5/19/22 at 11:03 A.M., Room 136 was observed to have paint scuffs on the walls, the racks were broken in the closet, and the closet door was off the track.</p>		<p>The Maintenance Supervisor and/or Designee will ensure that rooms on these units are inspected weekly x30 days and then weekly x5 months and will report findings to the QA/QAPI committee monthly X 6 months. If 100 % compliance or greater has not been achieved by the end of the 6 months, then the monitoring will continue until this threshold has been reached.</p> <p>5. By what date will systemic changes be completed?</p> <p>6/23/2022</p>	

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	<p>11. On 5/19/22 at 11:07 A.M., Room 113 was observed with scuff marks on the walls and closet door and the trim was off the bottom of the wall.</p> <p>12. On 5/19/22 at 11:15 A.M., the feeding pump in Room 107 was observed to be dirty with dried formula on the machine and pole, the walls had scuff marks, and there was a hole in the wall above the outlet next to the air conditioning unit.</p> <p>On 5/20/22 at 3:06 P.M., the feeding pump in Room 107 was observed to dirty with dried formula on the machine and pole.</p> <p>On 5/23/22 at 11:28 A.M., the feeding pump in Room 107 was observed to dirty with dried formula on the machine and pole.</p> <p>On 5/24/22 at 1:32 P.M., the feeding pump in Room 107 was observed to dirty with dried formula on the machine and pole.</p> <p>13. On 5/19/22 at 11:26 A.M., Room 216 was observed to have scuff marks on the walls.14. On 5/18/22 at 2:45 P.M., the following was observed on the Reflections 2 hall:</p> <p>a. A strong urine odor was noted immediately upon entrance to the unit.</p> <p>b. Blinds were Broken in the dining room.</p> <p>c. The paint was scuffed off of the floor board heating unit.</p> <p>d. The handrails on both sides of the hall were scuffed and discolored.</p> <p>e. Multiple bedroom thresholds were missing the lower doorjamb trim on both sides, approximately</p>			

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	<p>5 inches above the floor.</p> <p>f. A broken ceiling fluorescent light cover in the dining room.</p> <p>g. Intake vents were covered in brown substance and lint, with one having a wash cloth shoved up between the vent and the ceiling in the dining room.</p> <p>During an interview on 5/24/22 at 3:00 P.M., the Maintenance Director indicated the damage, disrepair, uncleanliness, and foul odors were present and in need of repair and remedying.</p> <p>On 5/24/22 at 1:30 P.M., the Admissions Director provided the Resident Rights and Facility Responsibilities, dated 7/19/21, and indicated these were the Resident Rights and Facility Responsibilities currently used by the facility. A review of the policy indicated, "...the resident has the right to a safe, clean, comfortable and homelike environment..."</p> <p>3.1-19(f)</p>			