		MEDICAID SERVICES				RM APPROVEI 0. 0938-039
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC A. BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING		C 03/15/2023		
NAME OF P	ROVIDER OR SUPPLIER	I		EET ADDRESS, CITY, STATE, ZIP CO		
GREENW	OOD HEALTHCARE CEN	ITER		WESTRIDGE BLVD EENWOOD, IN 46142		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000			
	This visit was for the Investigation of Complaints IN00399187, IN00399228, IN00399621, IN00400806, IN00401810, IN00401854, IN00402848, IN00402294, IN00403429, IN00403313, IN00403612, and IN00403989.					
	Complaint IN00399187 - No deficiencies related to the allegations are cited.					
	Complaint IN00399228 - No deficiencies related to the allegations are cited.					
	Complaint IN00399621 - No deficiencies related to the allegations are cited.					
	Complaint IN00400806 - No deficiencies related to the allegations are cited.					
	Complaint IN004018 [,] to the allegations are	10 - No deficiencies related cited.				
	Complaint IN004018 to the allegations are	54 - No deficiencies related cited.				
	Complaint IN0040284 to the allegation are o	48 - No deficiencies related ited.				
	Complaint IN0040229 to the allegations are	94 - No deficiencies related cited.				
	Complaint IN0040342 to the allegations are	29 - No deficiencies related cited.				
	Complaint IN004033 [,] to the allegations are	13 - No deficiencies related cited.				
	Complaint IN004036	12 - No deficiencies related				
		SUPPLIER REPRESENTATIVE'S SIGNATU	RE	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 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.

PRINTED: 03/16/2023

DEDARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES								
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED			
	155193	B. WING			C 03/15/2023			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
GREENWOOD HEALTHCARE CENTER								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETION DATE		
OOD HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	000					
	RS FOR MEDICARE & OF DEFICIENCIES F CORRECTION PROVIDER OR SUPPLIER /OOD HEALTHCARE CEN SUMMARY ST, (EACH DEFICIENC) REGULATORY OR I Continued From page to the allegations are Complaint IN0040398 to the allegations are Survey dates: March Facility number: 0001 Provider number: 1002912 Census Bed Type: SNF/NF: 169 Total: 169 Census Payor Type: Medicaid: 120 Other: 40 Total: 169 Greenwood Healthca complaints IN003991 IN00399621, IN00402 IN00403889.	SFOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 to the allegations are cited. Complaint IN00403989 - No deficiencies related to the allegations are cited. Survey dates: March 13, 14, and 15, 2023 Facility number: 000101 Provider number: 155193 AIM number: 100291290 Census Bed Type: SNF/NF: 169 Total: 169 Census Payor Type: Medicare: 9 Medicare: 9 Medicare: 9 Medicare: 120 Other: 40 Total: 169 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 Investigation of Complaints IN00399187, IN00399228, IN00399621, IN00400806, IN00401810, IN00401854, IN00402848, IN00402294, IN00403429, IN00403313, IN00403612, and IN00403989.	RS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD IDENTIFICATION NUMBER: (X2) MUL IDENTIFICATION NUMBER: A. BUILD IDENTIFICATION NUMBER: (X2) MUL A. BUILD IDENTIFICATION NUMBER: (X2) MUL PROVIDER OR SUPPLIER ID ID PROD HEALTHCARE CENTER ID ID Continued From page 1 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F Continued From page 1 rd F to the allegations are cited. Survey dates: March 13, 14, and 15, 2023 F Facility number: 000101 Provider number: 155193 AIM number: 100291290 Census Bed Type: SNF/NF: 169 Total: 169 Census Payor Type: Medicare: 9 Medicare: 120 Other: 40 Total: 169 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 Investigation of Complaints IN00399187, IN00399228, IN00399228, IN00399228, IN00399228, IN00399228, IN00399228, IN00399234, IN00403612, and IN0040389.	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPL A BUILDING PROVIDER OR SUPPLIER 155193 B. WING COD HEALTHCARE CENTER ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 1 to the allegations are cited. F 001 Complaint IN00403989 - No deficiencies related to the allegations are cited. F 001 Survey dates: March 13, 14, and 15, 2023 Facility number: 10291290 Census Bed Type: SNF/NF: 169 Total: 169 Census Payor Type: Medicaid: 120 Other: 40 Total: 169 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 Investigation of Complaints IN00399187, IN00399228, IN00399621, IN00400806, IN00401810, IN00403542, IN004003313, IN00403612, and IN00403989.	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERINSUPPLIENCIA F CORRECTION (X2) MULTIPLE CONSTRUCTION A BUILDING	RS FOR MEDICARE & MEDICAID SERVICES OWE N OF DEFICIENCIES (X1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER (X2) MULTIFLE CONSTRUCTION A BUILDING (X3) DA CONTRUCTION ISSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WAY BE PRECEDED BY FULL REGULATORY OR LGC IDENTIFINATION) STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WAY BE PRECEDED BY FULL REGULATORY OR LGC IDENTIFING INFORMATION) PREFX TAG PROVIDERS PLAN OF CORRECTION CREENVOOD, IN 46142 Continued From page 1 to the allegations are cited. PROVIDERS NEW APPROPRIATE DEFICIENCY PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH OEARCETIVE ACTION SHOULD BE CONSERVERENCE) Survey dates: March 13, 14, and 15, 2023 F 000 Census Bed Type: SINF/INF: 169 Total: 169 F 000 Census Bed Type: SINF/INF: 169 Total: 169 Census Payor Type: Medicad: 120 Other: 40 Total: 169 Greenwood Healthcare Center was found to be in compliants IN00398161, IN00403612, and IN00403892. Fo004 Greenwood Healthcare Center was found to be in compliants IN00398161, IN00403612, and IN00403892. Fo004		

If continuation sheet Page 2 of 2

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