

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2023	
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	<p>This visit was for the Investigation of Complaints IN00402075 and IN00402746.</p> <p>Complaint IN00402075 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00402746 - Substantiated. State deficiencies related to the allegations are cited at R0052.</p> <p>Survey date: February 28, 2023</p> <p>Facility number: 005722</p> <p>Residential Census: 63</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 3, 2023.</p>			R 0000	<p>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. Independence Village of Greenwood respectfully requests a desk review for paper compliance.</p>		
R 0052 Bldg. 00	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. Based on interview and record review, the facility to protect a resident's right to be free from neglect for 1 of 3 residents reviewed for elopement. A cognitively impaired resident exited the facility</p>			R 0052	<p>1. The resident who exited the Community was located by a staff member and sent to the Emergency Room for treatment</p>		03/10/2023

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

TITLE

(X6) DATE

Karen Yarnell Rumble

Administrator

03/13/2023

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 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 30 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.

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

PRINTED: 03/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2023	
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 DEFICIENCIES (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
	<p>without staff knowledge and was found approximately 0.4 miles away lying in the grass. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 2/28/23 at 9:47 a.m., QMA 1 (Qualified Medication Aide) indicated she was told in report that Resident B had eloped a couple days ago.</p> <p>During an interview on 2/28/23 at 9:57 a.m., the Administrator indicated Resident B exited the facility on 2/26/23. The staff entered Resident B's room to administer medication at approximately 6:00 a.m. Resident B was not in her room. The staff notified other staff to help search. When the cook arrived to work, he was notified that Resident B was missing, so he went to his truck and drove to look for her. The cook found Resident B approximately 0.4 miles from the facility. She was wearing a tank top and a brief. She was not wearing a jacket, pants, nor socks and shoes. He called 911 and Resident B was taken to the emergency room. When Resident B arrived to the emergency room, her temperature was 89.0 degrees.</p> <p>During an interview on 2/28/23 at 10:18 a.m., Cook 1 indicated he arrived to work on 2/26/23 at approximately 5:50 a.m., and was notified that Resident B was missing, so he drove his truck to search for her. He found Resident B lying in the grass by the side of the road approximately 0.4 miles from the facility. When he got to Resident B, she was shaking and was very cold to touch. She was wearing a tank top and a brief, so he wrapped his jacket around Resident B and covered her legs with a towel he had in his truck. He attempted to contact the facility, but there was no answer. A</p>				<p>and evaluation. She was released a few hours later and went home with her daughter. Upon her return to the Community, she was moved to our Memory Care Neighborhood where she will remain.</p> <p>2. The Community realizes that other cognitively impaired residents in assisted living have the potential to be affected by the alleged deficient practice.</p> <p>3. Staff are educated on all three shifts every month on Elopement drills. The systemic change will be that all cognitively impaired residents in assisted living will be reviewed weekly at the Wellness Committee Meeting to ensure they remain safe to reside in assisted living. Any concerns will be brought to the H.F.A., Executive Director.</p> <p>4. Residents identified to be at risk for elopement will have their families contacted with recommendations of placement in the secured Memory Care Neighborhood.</p>		

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

PRINTED: 03/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2023	
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 DEFICIENCIES (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
	<p>good Samaritan pulled over and called 911. When the police arrived, Resident B was not able to talk. The paramedics arrived after approximately 15 to 20 minutes. He stayed with Resident B until she was taken to the emergency room.</p> <p>The clinical record for Resident B was completed on 2/28/23 at 9:26 a.m. The diagnoses included, but were not limited to, osteoporosis and short term memory loss.</p> <p>An evaluation, dated 11/4/22, indicated Resident B was not cognitively intact and did not have a history of wandering nor elopement.</p> <p>A progress note, dated 2/15/23 at 1:35 p.m., indicated Resident B noted coming back in building through exit door by her apartment. Clothed and has shoes on, without a coat or sweater. When asked why she was outside, Resident B stated she didn't know, "I just went out there." Alerted staff to monitor.</p> <p>A progress note, dated 2/26/23 at 12:48 p.m., indicated staff noticed Resident B not in her apartment. Started to look for Resident B. The cook found the resident out side at first stoplight north of community. The cook immediately offered his coat and a towel for warmth. Flagged down another auto to call police and 911. Employee stayed with resident until resident left in ambulance to emergency room.</p> <p>On 2/28/23 at 10:30 a.m., the historical weather forecast indicated that on 2/26/23 at approximately 6:00 a.m., the temperature was 28 degrees Fahrenheit.</p> <p>On 2/28/23 at 12:15 p.m., the Administrator provided a copy of a facility policy, titled</p>						

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

PRINTED: 03/24/2023
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 02/28/2023	
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
	Residents' Rights, and indicated this was the current policy used by the facility. A review of the policy indicated residents have the right to be free from neglect. This State tag relates to Complaint IN00402746.						