

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

PRINTED: 05/27/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>377 WESTRIDGE BLVD</b> <b>GREENWOOD, IN 46142</b>		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00380677.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the Investigation of Complaints IN00380467, IN00379329, and IN00378951.</p> <p>Complaint IN00380677 - Unsubstantiated due to lack of evidence.</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>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 000			

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 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.

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F 000	Continued From page 1 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 Complaint IN00380677.  Quality review completed May 26, 2022.	F 000		