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

PRINTED: 10/04/2021 FORM APPROVED OMB NO. 0938-0391

MANIE OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTHORS BLIVE GREENWOOD HEALTHCARE CENTER   STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTHORS BLIVE GREENWOOD, N 46142	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION  JILDING		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 000 INITIAL COMMENTS  This visit was for the Investigation of Complaint IN00363667.  Complaint IN00363667- Unsubstantiated due to lack of evidence.  Survey dates: September 30 and October 1, 2021.  Facility number: 000101 Provider number: 155193 AIM number: 102291290  Census Bed Type: SNAFU/NFL:184 Total: 184  Census Payer Type: Medicare: 11 Medicaid: 134 Other: 39 Total: 184  Greenwood Healthcare Center was found to be in compliance with 42 CRC Part 483, Subpart B and 410 IC 16: 2-3, 1 in regard to the Investigation of Complaint IN00363667.	GREENWOOD HEALTHCARE CENTER				GREENWOOD, IN 46142			
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Quality review completed on October 1, 2021.		compliance with 42 C 410 IC 16.2-3.1 in reg	RC Part 483, Subpart B and part to the Investigation of					
		Quality review comple	eted on October 1, 2021.					

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.