STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155026	A. BUILDING -- B. WING	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENWOOD VILLAGE SOUTH	295 VILLAGE LANE 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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 08/20/24 Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660 At this Emergency Preparedness survey, Greenwood Village South was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 137 certified beds. At the time of the survey, the census was 121. Quality Review completed on 08/20/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/20/24 Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660 At this Life Safety Code survey, Greenwood	K 0000	Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. Greenwood Village South reserves the right to challenge, in legal proceedings, all deficiencies, statements, findings and facts and conclusions that	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Pamela Seegers	Administrator	09/03/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Village South was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 0101 was surveyed using Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of the two sections of the building. Building 0101 was constructed in 1996 and was determined to be a one story facility of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. Building 0101 has smoke detectors hard wired to the building electrical system installed in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 121 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 08/20/24		form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.	
K 0355 SS=D Bldg. 01	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the	K 0355	1. No residents were affected by the missing placard near the portable Class K fire extinguisher	09/12/2024

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	requirements of NFPA 10. NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition, Section 5.5.5 states fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, Section 5.5.5.3 states a placard shall be placed near the extinguisher that states that the protection system shall be actuated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using the portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect all kitchen staff. Findings include: Based on observations with the Plant Operations Supervisor during a tour of the facility from 9:25 a.m. to 11:45 a.m. on 08/20/24, one portable K Class fire extinguisher was located in the kitchen near the entrance door to the dining room. A placard was not conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Based on interview at the time of the observations, the Plant Operations Supervisor agreed a placard was not conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. These findings were reviewed with the Assistant Director of Plant Operations and the Plant Operations Supervisor during the exit conference. 3.1-19(b)		stating that the cooking appliance fixed suppression system should be activated before using the portable fire extinguisher. 2. The facility understands the staff in the kitchen could be affected by the missing instructional placard in the event there is an appliance fire. It is GVS standard protocol that the staff use the cooking appliance fixed suppression system prior to using the portable fire extinguisher. 3. The proper placard has been obtained and mounted near the portable fire extinguisher. Education has been provided for all kitchen staff regarding the location and purpose of the signage. 4. Plant Operations Health Care Supervisor or designee will: Audit to confirm the placard is present and confirm cook on duty is aware of its location and purpose. Audits will be done one time per month for 12 months. The results of the audits will be presented to and reviewed by the QAPI Committee on a monthly basis until consistent substantial compliance has been achieved as determined by the committee. The Administrator and Plant Operations Health Care Supervisor will be responsible for sustained compliance.	

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K 0761 SS=E Bldg. 01	NFPA 101 Maintenance, Inspection & Testing - Doors Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) Based on record review, observation and interview; the facility failed to maintain 1 of 12 fire-rated door locations. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives,except as otherwise specified in this Code. This deficient practice could affect over 10 residents, staff and visitors. Findings include: Based on review of the annual fire door inspection contractor's "Fire and Exterior Door Survey Program" documentation dated 10/24/23 with the Assistant Director of Plant Operations and the Plant Operations Supervisor during record review	K 0761	1. No residents were affected by the south door of the newly replaced set of fire doors outside of the Redbud Unit not self-closing fully on its own and not latching properly. 2. The facility understands residents and staff near the entrance of the Redbud Unit had the potential to be affected by the door not latching properly. 3. The door has been fixed so that it closes and latches properly. See attached report from Central Indiana Hardware contractor. 4. Plant Operations Health Care Supervisor or designee will: audit the double doors outside of the Redbud Unit to assure the doors are fully self-closing and latching properly. Audits will be done one time per month for 12	09/12/2024

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	from 9:25 a.m. to 11:45 a.m. on 08/20/24, eleven of twelve fire door locations in the facility failed annual inspection and testing. Review of "Quote" documentation from the fire door inspection contractor dated 04/05/24 indicated necessary repairs to correct the deficiencies noted on 10/24/23. Based on interview at the time of record review, the Assistant Director of Plant Operations and the Plant Operations Supervisor stated all necessary repairs stated on the 04/05/24 "Quote" documentation have been made. Based on observations with the Plant Operations Supervisor during a tour of the facility from 9:25 a.m. to 11:45 a.m. on 08/20/24, the south door in the cross corridor door set outside the Redbud Wing in the long corridor failed to fully self close and latch into the door frame when tested to close multiple times. The top of the south door kept hitting the door frame when tested to close and left a gap in between the meeting edges of the door set. Each door in the corridor door set was equipped with a self closing device and latching hardware and was also equipped with a 90-minute fire resistance rating label affixed to the hinge side of the door. The fire door inspection contractor had affixed a sticker to the door frame identifying the fire door location as "2666". Based on interview at the time of the observations, the Assistant Director of Plant Operations stated this was one of the fire door locations which failed 10/24/23 testing, each door in the cross corridor door set identified as "2666" was replaced last week as part of the necessary repairs on the "Quote" but agreed the south door in the aforementioned cross corridor door set did not fully self close and latch into the door frame when tested to close multiple times. These findings were reviewed with the Assistant Director of Plant Operations and the Plant		months. The results of the audits will be presented to and reviewed by the QAPI Committee on a monthly basis until consistent substantial compliance has been achieved as determined by the committee. The Administrator andPlant Operations Health Care Supervisor will be responsible for sustained compliance.	

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	Operations Supervisor during the exit conference. 3.1-19(b)			
K 0911 SS=F Bldg. 01	NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) Based on observation and interview, the facility failed to ensure access and working space was maintained in 1 of 1 main electrical panel rooms. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.1 states electrical installation shall be in accordance with NFPA 70, National Electric Code. NFPA 70, 2011 Edition, Article 110.26 states access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. Working space for equipment operating at 600 volts, nominal, or less and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A) (1), (2) and (3). 110.26(A)(1) states the depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A) (1) which the minimum clear distance is 3 feet. Article 110.26(A) (2) states the width of the working space in front of the electrical equipment shall be the width of the equipment or 762 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. 110.26(A)(3)	K 0911	1. No residents or staff were affected by the items stored in the electrical room within the working space of the electrical panel. 2. The facility understands that all residents and staff have the potential to be affected when there are items stored in the electrical room within the working space of the electrical panel. It is the GVS standard protocol that there are no items stored in the electrical room within the working space of the electrical panel. 3. The items that were stored in the electrical room have been removed. 4. Plant Operations Health Care Supervisor or designee will: Audit to confirm the electrical room is clear of any items that may have been placed in the working area of the electrical panel. Audits will be done one time per week for one month, then one time per month	09/12/2024

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	states the work space shall be clear and extend from the grade, floor, or platform to a height of 6 and 1/2 feet or the height of the equipment, whichever is greater. Article 110.26(B) states the working space required by this section shall not be used for storage. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations with the Plant Operations Supervisor during a tour of the facility from 9:25 a.m. to 11:45 a.m. on 08/20/24, combustible boxes and supplies were placed on the floor underneath the wall mounted electrical panel containing the emergency generator block heater circuit in the main electrical room inside the laundry room. The items were stored within the working space in front of the electrical panel in the room. Based on interview at the time of the observations, the Plant Operations Supervisor agreed items were stored within the working space of the aforementioned electrical panel. These findings were reviewed with the Assistant Director of Plant Operations and the Plant Operations Supervisor during the exit conference. 3.1-19(b)		for an additional 11 months. The results of the audits will be presented to and reviewed by the QAPI Committee on a monthly basis until consistent substantial compliance has been achieved as determined by the committee. The Administrator andPlant Operations Health Care Supervisor will be responsible for sustained compliance.	
K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet			

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	the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other	K 0920	1. No residents were affected by the use of the power strip in room 118 used for a cell phone charger and a portable oxygen device. 2. The facility understands that all residents have the potential to be affected by the use of power strips in patient care areas. 3. The power strip was removed and education was provided to staff, residents and resident family members regarding power strips being a substitute for fixed wiring, was prohibited. 4. Plant Operations Health Care Supervisor, or his designee, will audit one of four nursing units per week, so that every resident room is checked one time per month to	09/12/2024

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	device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect over 10 residents, staff and visitors in the vicinity of resident sleeping Room 118 in the Dogwood Wing. Findings include: Based on observations with the Plant Operations Supervisor during a tour of the facility from 9:25 a.m. to 11:45 a.m. on 08/20/24, a cell phone charging cable and a portable oxygen device was plugged into a power strip placed on a shelf within six feet of the resident bed in resident sleeping Room 118 in the Dogwood Wing. The UL listing of the power strip was listed as "34C4". Based on interview at the time of the observations, the Plant Operations Supervisor agreed a power strip was being used in the patient care vicinity for PCREE and non-PCREE and was also being used as a substitute for fixed wiring at the aforementioned location. These findings were reviewed with the Assistant Director of Plant Operations and the Plant Operations Supervisor during the exit conference. 3.1-19(b)		make sure there are no power strips, extension cords and multiplug adapters. Audits covering every resident room will occur one time per month for 12 months. The results of the audits will be presented to and reviewed by the QAPI Committee on a monthly basis until consistent substantial compliance has been achieved as determined by the committee. The Administrator andPlant Operations Health Care Supervisor will be responsible for sustained compliance.	
K 0000 Bldg. 03	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana	K 0000	Preparation and execution of this Plan of Correction in no way	

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	Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/20/24 Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660 At this Life Safety Code survey, Greenwood Village South was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 0103 was surveyed using Chapter 18, New Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of the two sections of the building. Building 0103 was constructed in 2019 and was determined to be a one story facility of Type V (111) construction and was fully sprinklered. Building 0103 consists of the new addition which includes the Therapy room, Utility room, Nurse's station, a semi private Therapy room, Restroom, two Private Therapy rooms and a Therapy Kitchen. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has smoke detectors hard wired to the building electrical system installed in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 121 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.		constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. Greenwood Village South reserves the right to challenge, in legal proceedings, all deficiencies, statements, findings and facts and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.	

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