STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155026	A. BUILDING **01, 03** B. WING _____	R **10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD VILLAGE SOUTH	**295 VILLAGE LANE** **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
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/20/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 10/16/24 Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660 At this PSR survey, Greenwood Village South was found 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 122 at the time of this visit. All areas where residents have customary access	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155026	A. BUILDING **01, 03** B. WING _____	R **10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD VILLAGE SOUTH	**295 VILLAGE LANE** **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
{K 000}	Continued From page 1 were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 10/16/24	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/20/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 10/16/24 Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660 At this PSR survey, Greenwood Village South was found 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	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155026	A. BUILDING **01, 03** B. WING _____	R **10/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD VILLAGE SOUTH	**295 VILLAGE LANE** **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
{K 000}	Continued From page 2 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 122 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 10/16/24	{K 000}		