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

PRINTED: 07/29/2024 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	155412	B. WING				R / 26/2024
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTH AND LIVING COMMUNITY				7 FRY RD	1 017	20/2024
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION S		OULD BE COMPLETION	
0} Initial Comments		{E 0	000}			
		{K 0	000}			
· ·				TITLE		(Y6) DATE
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR Initial Comments A Post Survey Revise Preparedness Survey conducted by the Indiaccordance with 42 of the Comments Survey Date: 07/26/2 Facility Number: 0000 Provider Number: 18 AIM Number: 10026 At this PSR survey to the Preparedness survey. Living Community was Emergency Prepared Medicare and Medicare and Medicare and Suppliers, 42 CF The facility has 121 of the survey, the censure of the Survey Revise Code Recertification conducted on 05/30/2 Indiana Department of 42 CFR 483.90(a). Survey Date: 07/26/2 Facility Number: 0000 Provider Number: 18 AIM Number: 10026 At this PSR survey, 0000 Provider Number: 18 AIM Number: 10026 At this PSR survey, 0000 PSR survey, 00000 PSR survey, 0000 PSR survey, 00000 PSR survey, 0000 PSR	IDENTIFICATION NUMBER: 155412 ROVIDER OR SUPPLIER DOD HEALTH AND LIVING COMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 05/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 07/26/24 Facility Number: 000509 Provider Number: 155412 AIM Number: 100266620 At this PSR survey to the Emergency Preparedness survey, Greenwood Health & Living Community was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 121 certified beds. At the time of the survey, the census was 101. Quality Review completed on 07/26/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 07/26/24 Facility Number: 000509 Provider Number: 155412 AlM Number: 100266620 At this PSR survey, Greenwood Health And Living	IDENTIFICATION NUMBER: A BUILDI B. WING. ROVIDER OR SUPPLIER DOD HEALTH AND LIVING COMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 05/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. 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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TLE (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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		155412	B. WING			R 07/26/2024	
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CO 937 FRY RD GREENWOOD, IN		07/26/2024	
(X4) ID PREFIX TAG			ID PREFI TAG	PROV X (EACH C CROSS-RE	DATE.		
{K 000}	Community was foun Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSt Health Care Occupar This one story facility Type V (111) construct The facility has a fire detection in the corridor. The facility has a fire detection in the corridor. The facility has a census of 101 at the All areas where resid were sprinklered. The	d in compliance with rticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing rcies and 410 IAC 16.2. was determined to be of ction and fully sprinklered. alarm system with smoke fors and in all areas open to allity has battery operated alled in all resident sleeping as a capacity of 121 and had be time of this visit. ents have customary access a facility has two detached cility storage services which	{K C	00}			