

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: May 10, 11, 12, 13, 16, 17, 18, 19, & 20, 2016</p> <p>Facility number: 000010 Provider number: 155026 AIM number: 100453660</p> <p>Census bed type: SNF/NF: 112 Residential: 49 Total: 161</p> <p>Census payor type: Medicare: 16 Medicaid: 50 Other: 46 Total: 112</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on May 24, 2016.</p>	F 0000	<p>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, finding, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</p>	
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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 0323 SS=E Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure a potentially hazardous situation was prevented with the use of oxygen in the beauty salon for 6 residents sitting in the beauty salon. (Residents #181, #58, #190, #69, #25, #15)</p> <p>Findings include:</p> <p>During an initial tour of the facility on 5/10/16 at 10:35 a.m., the Beautician was observed using a hand-held hair dryer to dry Resident #190's hair while the resident was receiving oxygen through a nasal cannula. The oxygen tank was close to the resident's chair. A nasal cannula is a two prong hollow plastic piece which fits in the resident's nose, and is attached to hollow plastic tubing which connects with the oxygen supply. Two other residents (Resident #181 and #58) were in the beauty salon at that time.</p> <p>In a second observation, on May 10,</p>	F 0323	<p>I. Resident #181, #58, #190, #69, #25, and #15 experienced no harm. It is the policy of GVS to prevent potentially hazardous situations. Oxygen was removed from the beauty salon. II. All residents with oxygen and/or utilizing beauty salon services have the potential to be affected. No residents experienced any harm. Policy addressing beauty salon services to residents receiving oxygen has been updated to include safety with hair dryers and storage of oxygen in vicinity of heat producing devices. Staff education completed on oxygen usage and beauty salon services. III. Education provided to Greenwood Village staff and beauticians regarding the oxygen policy and procedure/residents receiving beauty salon services. IV. Director of Nursing or designee will: Audit beauty salon during business hours (Monday-Thursday) for compliance with oxygen policy and procedure and any residents who have oxygen in use, 4 times per week x 4 weeks, weekly x 4</p>	06/06/2016

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	<p>2016, at 10:50 a.m., Resident #69 was observed sitting in the beauty salon wearing oxygen, while 2 other residents were sitting, approximately 5 feet away, under hair dryers with the motors turned on (Resident #25 and #15). Resident #69's oxygen tank was hooked on to the wheelchair she was sitting in.</p> <p>Two cans of flammable aerosol hair spray and 1 can of flammable aerosol cleaning spray were observed in the salon.</p> <p>On May 10, 2016 at 10:50 a.m., the Beautician indicated she was not sure what the facility oxygen policy was.</p> <p>On 5/10/16 at 11:29 a.m. the Administrator provided a policy titled, "Oxygen Administration, dated October, 2010, and indicated it was the policy currently used by the facility. The policy indicated, "2. Resident's having services in beauty shop: Facilities should consider alternatives such as intermittent discontinuation of oxygen therapy while the resident is under the hair dryer hood (only if medically acceptable), or air-drying of the hair. b. If oxygen therapy is utilized and necessary to continue, handheld hairdryers are permitted with close observation to settings on lower heat to prevent air from</p>		<p>weeks, then monthly x a total of 12 months.</p>	

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R 0000 Bldg. 00	<p>becoming too warm..."</p> <p>An Indiana State Department of Health (ISDH) newsletter, dated November 30, 2009, indicated, "...resident use of oxygen while sitting under a hair dryer is a hazardous situation...keeping the oxygen tank as far from the dryer unit as the tubing will allow..."</p> <p>The November 30, 2009 ISDH newsletter referred facilities to a document written by the NFPA (National Fire Protection Association), titled, "Safety precautions to use with medical oxygen, "...Oxygen should be stored at least 8 feet...away from...heat-producing devices...hair dryers...Keep in mind that furnishings and clothes can become saturated with oxygen, and this saturation will cause a small fire to spread and intensify quickly..."</p> <p>3.1-45(a)(1)</p> <p>This visit was for a State Residential</p>	R 0000		

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	<p>Licensure Survey.</p> <p>Residential census: 49 Residential sample: 7</p> <p>Greenwood Village South was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Q.R. completed by 14466 on May 24, 2016.</p>		<p>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.</p> <p>Greenwood Village South reserves the right to challenge in legal proceedings all deficiencies, statements, finding, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</p>		