**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

- **IDENTIFICATION NUMBER:** 155026
- **MULTIPLE CONSTRUCTION A. BUILDING** 00
- **MULTIPLE CONSTRUCTION B. WING**
- **DATE SURVEY COMPLETED:** 05/20/2016

**NAME OF PROVIDER OR SUPPLIER**

**GREENWOOD VILLAGE SOUTH**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

295 VILLAGE LANE
GREENWOOD, IN 46143

<table>
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<tr>
<th>ID</th>
<th>PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F 0000</td>
<td>Bldg. 00</td>
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<td>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</td>
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<td>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.</td>
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- **SURVEY DATES:** May 10, 11, 12, 13, 16, 17, 18, 19, & 20, 2016
- **FACILITY NUMBER:** 000010
- **PROVIDER NUMBER:** 155026
- **AIM NUMBER:** 100453660
- **CENSUS BED TYPE:**
  - SNF/NF: 112
  - Residential: 49
  - Total: 161
- **CENSUS PAYOR TYPE:**
  - Medicare: 16
  - Medicaid: 50
  - Other: 46
  - Total: 112

This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.

Q.R. completed by 14466 on May 24, 2016.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

_____________________________________________________________________________________________________

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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IDENTIFICATION NUMBER:** 155026

**DATE SURVEY COMPLETED:** 05/20/2016

**NAME OF PROVIDER OR SUPPLIER:** GREENWOOD VILLAGE SOUTH

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 295 VILLAGE LANE, GREENWOOD, IN 46143

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**PREFIX**
- SS=E

**TAG**
- Bldg. 00

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION):**

- **ID**
- **PREFIX**
- **TAG**
- **COMPLETION DATE**

**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)

Findings include:

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.

In a second observation, on May 10,
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.

Two cans of flammable aerosol hair spray and 1 can of flammable aerosol cleaning spray were observed in the salon.

On May 10, 2016 at 10:50 a.m., the Beautician indicated she was not sure what the facility oxygen policy was.

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..."
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..."

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..."

3.1-45(a)(1)
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER: 155026

A. BUILDING 00
B. WING

DATE SURVEY COMPLETED: 05/20/2016

GREENWOOD VILLAGE SOUTH
295 VILLAGE LANE
GREENWOOD, IN 46143

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)</td>
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Licensure Survey.
Residential census: 49
Residential sample: 7

Greenwood Village South was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.

Q.R. completed by 14466 on May 24, 2016.

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