

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Greenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 377 Westridge Blvd Greenwood, IN 46142	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>34848</p> <p>Based on interview and record review, the facility failed to protect the resident's rights to be free from physical abuse by a staff member for 1 of 3 residents reviewed for abuse. A staff member held down the residents arms to provide care. (Resident B, CNA 1)</p> <p>Finding includes:</p> <p>During an interview on 2/7/25 at 10:30 a.m., the Administrator (ADM) indicated CNA 1 was recently terminated for physically holding down Resident B's wrists/arms during resident care. She indicated Resident B had become combative during care and the CNA held down Resident B's limbs to prevent an injury to herself.</p> <p>On 2/7/25 at 10:45 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease, dementia, and anxiety disorder.</p> <p>The Quarterly Minimum Data Set assessment, dated 12/26/24, indicated Resident B had severe cognitive impairment.</p> <p>A progress note, dated 1/23/25 at 12:00 p.m., indicated the resident was receiving care and the hospice aid became concerned with the CNA's technique.</p> <p>During an interview on 2/7/25 at 12:00 p.m., CNA 1 indicated the hospice aide called her into the Resident B's room to help with care because the resident was combative. When CNA 1 arrived to the room, the resident was swinging her arms around and biting at her and the hospice aide. CNA 1 indicated she grabbed the resident by the arm/wrist area, and held her arms down to the her chest. She further indicated she probably used poor judgement by holding down the resident's upper limbs.</p> <p>During an interview on 2/7/25 at 2:02 p.m., Hospice Aide 1 indicated she was dressing the resident after a bath and she began to kick and hit her. Hospice Aide 1 asked CNA 1 for help because the resident was not fully clothed. When CNA 1 entered the room, CNA 1 grabbed the resident by the arms/wrists and forcibly held down the resident's limbs. She further indicated the CNA told the resident, this is why we get bruises, as the she used her weight to hold down the resident's arms.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155193
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/7/25 at 2:26 p.m., the ADM provided a copy of the facility's policy, INDIANA Abuse & Neglect & Misappropriation of Property, undated, and indicated it was the policy currently being used. A review of the policy indicated, . Definitions . Physical Abuse . Examples . improper use of restraints. Policy: It is the policy of this facility to provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of the residents .</p> <p>This deficient practice was corrected on 1/25/25 after the facility implemented a systemic plan of correction that included the following actions: all staff was educated on the abuse, neglect, handling difficult behaviors, and restraint policies, with ongoing monitoring and audits.</p> <p>This citation relates to Complaint IN00451897.</p> <p>3.1-27(a)(1)</p>		