

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2024
NAME OF PROVIDER OR SUPPLIER  Greenwood Health and Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 937 Fry Rd 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38466</p> <p>Based on observation, interview, and record review, the facility failed to develop a person-centered care plan for a resident with a hearing device for 1 of 1 residents reviewed with a hearing device. (Resident 42)</p> <p>Finding includes:</p> <p>On 5/8/24 at 11:03 a.m., Resident 42 was observed resting in bed. During an interview at that time, Resident 42 indicated she was not able to hear or understand what was being said because she was unable to find her amplifier device system (hearing assistance device).</p> <p>On 5/9/24 at 9:24 a.m., Resident 42 was observed resting in bed. Resident 42 was observed putting on a head-set which was attached to an amplifier system. During an interview at that time, Resident 42 indicated she relied on the amplifier device system to be able to hear.</p> <p>On 5/10/24 at 11:15 a.m., Resident 42 was observed resting in bed watching TV. Resident 42 was observed wearing a head-set which was attached to an amplifier device system.</p> <p>On 5/9/24 at 1:06 p.m., Resident 42's clinical record was reviewed. Diagnosis included, but was not limited to, hearing deficit.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 1/30/24, indicated Resident 42 was moderately cognitively intact and utilized a hearing aid or other hearing appliance.</p> <p>A Quarterly/Annual Nursing Assessment, dated 5/3/24 at 12:24 p.m. indicated Resident 42 had a hearing deficit.</p> <p>On 5/10/24 at 2:03 p.m., the Regional Nurse Consultant provided a copy of Resident 42's audiology assessment dated [DATE]. A review of the assessment indicated Resident 42 .uses assistive listening device .</p> <p>The clinical record lacked a person-centered comprehensive care plan regarding Resident 42's hearing deficit and the use of the amplifier device system.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/09/24 at 2:55 p.m., the Regional Nurse Consultant indicated the clinical record lacked a specific person-centered care plan for Resident 42's hearing deficit and the use of the amplifier device system. The care plan should have been initiated when Resident 42 began using the device.</p> <p>During an interview on 5/10/24 at 11:20 a.m., Resident 42 indicated she has used the amplifier device system for years.</p> <p>During an interview on 5/10/24 at 11:33 a.m., the Staff Development Coordinator indicated Resident 42 had used the amplifier device system for a long time.</p> <p>During an interview on 5/13/24 at 10:55 a.m., Qualified Medication Aide (QMA) 2 indicated Resident 42 had used the amplifier device system for several years.</p> <p>On 5/9/24 at 3:30 p.m., the Regional Nurse Consultant provided a copy of the Care Plans, Comprehensive Person-Centered policy, dated December 2016, and indicated it was the current policy in use by the facility. A review of the policy indicated, .policy statement: a comprehensive person-centered care plan that includes a measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being .comprehensive person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS) .</p> <p>3.1-35(a)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>36746</p> <p>Based on observation, interview, and record review, the facility failed to ensure the actual hours worked were posted for 3 of 4 days of the survey.</p> <p>Findings include:</p> <p>On 5/8/24 at 11:45 a.m., observed the posted nursing hours, dated 5/8/24, on the wall behind the nurses station. No other posted nursing hours were observed. The posted nursing hours lacked the actual hours worked.</p> <p>On 5/9/24 at 8:20 a.m., observed the posted nursing hours, dated 5/9/24, on the wall behind the nurses station. No other posted nursing hours were observed. The posted nursing hours lacked the actual hours worked.</p> <p>On 5/10/24 at 8:45 a.m., observed the posted nursing hours, dated 5/10/24, on the wall behind the nurses station. No other posted nursing hours were observed. The posted nursing hours lacked the actual hours worked.</p> <p>During an interview on 5/10/24 at 9:00 a.m., the Director of Nursing (DON) indicated they had posted the actual nursing hours.</p> <p>On 5/10/24 at 9:33 a.m., the DON provided a policy titled Posting Direct Care Daily Staffing Numbers, undated, and indicated it was the current policy being used by the facility. A review of the policy indicated .g. The actual time worked during that shift of each category and type of nursing staff.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35099</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were dated for 1 of 2 medication carts of observed. Insulin pens were not dated with an open date. (200 Medication Hall Cart)</p> <p>Findings include:</p> <p>During a medication storage and labeling review, on 5/9/24 at 9:25 a.m., observed 4 opened Insulin Flex Pens 100 units/ml (milliliter) in 200 Hall Medication Cart. The Flex Pens were not labeled indicating the date the Flex pens were opened.</p> <p>During an interview on 5/10/24 at 9:05 a.m., the Regional Nurse Consultant indicated the insulin pens on the cart should have been dated with an open date.</p> <p>On 5/9/24 at 10:15 a.m., the Director of Nursing provided a policy titled, Insulin Packaging G-24, from Policy and Procedure [NAME], undated, and indicated it was the current policy being used by the facility. A review of the policy indicated .1. When activating a bottle of insulin, remove the bottle from the box, Date the bottle, Retain the bottle for 28 days, then discard.</p> <p>3.1-25(j)</p>

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure the top dumpster lids were kept closed when not in use and that the dumpster area was free of rubbish for 2 of 3 observations.</p> <p>Finding includes:</p> <p>1. During the initial facility tour with the Regional Dietary Consultant, on 5/8/24 from 10:30 a.m. to 10:35 a.m., the dumpster container area was observed. The dumpster area was located approximately 30 yards from the kitchen's rear exit door. The following was observed:</p> <ul style="list-style-type: none"> <li>- Two dumpster containers were observed. The trash dumpster was located on the right side and had two top lids. One of the two top lids was observed to not be closed. Multiple filled trash bags were visible inside the dumpster container.</li> <li>- Next to the dumpster container were multiple broken-down boxes and one large un-broken down box leaning against the trash dumpster container.</li> <li>- No staff were visible near the dumpster area.</li> </ul> <p>During an interview at that time, the Regional Dietary Consultant indicated the dumpster area was to be kept clean, free of debris and the top lids were to be kept closed when not in use.</p> <p>2. During a follow-up observation, on 5/9/24 at 10:56 a.m., with the Regional Dietary Manager the following was observed:</p> <ul style="list-style-type: none"> <li>- The recycle dumpster, located next to the trash dumpster container was observed. The recycle dumpster had two top lids. Both top lids were observed to not be closed. Multiple broken-down and unbroken-down boxes were visible inside and hanging on the outside of the recycle dumpster container.</li> <li>- No staff were observed in the area at the time.</li> </ul> <p>During an interview at that time, the Regional Dietary Manager indicated the lids were to be kept closed and all the boxes were to be broken-down when placed into the recycle dumpster container.</p> <p>On 5/9/24 at 10:55 a.m., the Regional Nurse Consultant provided a copy of Food-Related Garbage and Rubbish Disposal policy, dated December 2008, and indicated it was the current policy in use by the facility. A review of the policy indicated, .food-related garbage and rubbish containing shall be disposed of in accordance with current state laws regulating such matters .all garbage and rubbish containers shall be provided with tight-fitting lids or covers .outside dumpsters provided by garbage pick-up services will be kept closed and free of surrounding litter .</p> <p>(continued on next page)</p>

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 5/10/24 at 3:10 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, .receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside .accumulation of debris . are minimized .effective cleaning is facilitated around .the unit .</p> <p>3.1-21(i)(5)</p>		