

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 04/16/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area and while serving the meal. (Dietary Aide 2 and Dietary Aide 3) Finding includes:1. During the initial kitchen observation with [NAME] 4 on 4/12/26 from 9:10 a.m. to 9:20 a.m., the following was observed: - Dietary Aide 2 was observed walking through the kitchen area. Dietary Aide 2 was observed to have facial hair, above and below the lip area and along the jaw line, that was approximately one fourth inch in length. The facial hair was observed to not be covered.- Dietary Aide 3 was observed walking through the kitchen area. Dietary Aide 3 was observed to have facial hair above the lip area that was approximately one fourth inch in length. The facial hair was observed to not be covered.2. During a follow-up kitchen observation on 4/12/26 from 11:58 a.m. to 12:10 p.m., the following was observed:- Dietary Aide 2 was observed walking through the kitchen area where the noon meal was being prepared and was placed into the transport cart for the noon meal service located in the South Dining Room area. Dietary Aide 2 was observed to have facial hair, above and below the lip area and along the jaw line, that was approximately one fourth inch in length. The facial hair was observed to not be covered.- Dietary Aide 3 was observed walking through the kitchen area where the noon meal was prepared and was placed into the steamtable for the noon meal service located in North Dining Room area. Dietary Aide 3 was observed taking the noon food temperatures and assisted plating the meal at the steamtable area in the North Dining Room area. Dietary Aide 3 was observed to have facial hair above the lip area that was approximately one fourth inch in length. The facial hair was observed to not be covered.3. During a follow-up kitchen observation on 4/12/26 from 1:00 p.m. to 1:05 p.m., the following was observed: - Dietary Aide 2 was observed plating the noon meal at the steamtable located in the South dining room area. Dietary Aide 2 was observed to have facial hair, above and below the lip area and along the chin line, that was approximately one fourth inch in length. The facial hair was observed to not be covered.- Dietary Aide 3 was observed retrieving food items and supplies from the kitchen area for the meal service being plated at the steamtable located in the North Dining Room area. Dietary Aide 3 was observed to have facial hair above the lip area that was approximately one fourth inch in length. The facial hair was observed to not be covered. During an interview on 4/12/26 at 1:15 p.m., [NAME] 4 indicated staff hair was to be covered when in the kitchen and during meal service. On 4/12/26 at 1:30 p.m., the Corporate Dietary Consultant provided a copy of the Personal Hygiene for Dietary Staff, dated 8/1/24, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Associates involved in storing, preparing, distributing, and serving food to residents shall .wear a hair restraint that effectively covers all .facial hair (mustache, sideburns, and/or beard, to prevent contamination of food, equipment, and utensils .On 4/13/26 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC (Indiana Administrative Code) 7-26, effective April 15, 2025, indicated, .food employees shall wear hair restraints, such as hats, hair coverings or nets .that are designed and worn to effectively keep their hair from contacting .exposed food . 410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC 16.2-3.1-21(i)(3)</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a self-administration medication assessment was completed for residents with medications left at bedside for 1 of 32 residents rooms observed. (Resident 30) Finding includes: During initial tour on 4/12/26 at 9:22 a.m., observed Resident 30's room. Resident 30 was sitting up in the wheelchair. Resident 30 had an overbed table. A handheld Albuterol (a medication used to treat asthma and chronic obstructive pulmonary disorder symptoms) inhaler 90 mcg (micrograms). No staff were observed to be in the room or in hallway. On 4/13/26 at 8:31 a.m., Resident 30 sitting up in the wheelchair and indicated that his Albuterol inhaler was in his top drawer of his nightstand. Inside the drawer the Albuterol inhaler was observed. On 4/13/26 at 8:40 a.m., Resident 30's clinical record was reviewed. An admission Minimum Data Set (MDS) assessment, dated 3/2/26, indicated Resident 30 had no cognitive impairment. Resident 30's clinical record lacked a self-medication administration assessment. During an interview on 4/13/26 at 9:45 a.m., the Director of Nursing indicated Resident 30 did not have a self-medication administration assessment and should have had one completed. On 4/13/26 at 9:45 a.m., the Director of Nursing provided a policy titled Self Administration of Medications, American Senior Services, with revision date of December 2016 and indicated that the policy is currently being observed by the facility. A review of the policy indicated, as part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. 410 IAC (Indiana Administrative Code) 16.2-3.1-11(a)</p>		