

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER GREENWOOD MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 1200 N STATE ROAD 135 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)		
F 0776 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure radiological services were provided immediately, as indicated by the physician's order, to a resident who sustained a fall with injury for 1 of 1 resident reviewed for radiology services (Resident 140). Findings include: On 3/5/20 at 3:05 p.m., Resident 140's closed clinical record was reviewed. [DIAGNOSES REDACTED]. Resident 140's Event Report, dated 1/2/20 at 2:03 a.m., indicated, , Heard a loud noise from resident's room. Resident began to yell for help. Entered room to find resident lying on her side in her bathroom with her w/c (wheelchair) next to her. Resident was unable to explain what she was doing or attempting to do. No internal or external rotation noted to lower extremities . Resident 140's January, 2020, physicians orders indicated the following: -On 1/2/20 at 3:13 a.m., the resident was ordered a STAT (immediate) hip x-ray. The order was discontinued, on 1/2/20 at 6:10 a.m., related to a date entry error. -On 1/2/20 at 6:10 a.m., the resident was ordered a hip x-ray. The order was discontinued, on 1/2/20 at 1:58 p.m. No reason was listed for the order being discontinued. -On 1/2/20 at 1:58 p.m., the resident was ordered a hip x-ray. The order was discontinued, on 1/7/20 at 12:09 p.m., due to the resident being discharged . Resident 140's progress notes indicated the following: 1/2/20 at 9:50 a.m., Contacted X-ray company regarding ETA (estimated time of arrival) of x-ray, dispatch reaching out to tech. 1/2/20 at 10:04 a.m., IDT (interdisciplinary team) fall review . patient was found on floor in bathroom, had transferred self to w/c from bed, propelled self into bathroom and upon attempting to transfer from w/c to toilet fell to floor. No injuries noted, ROM (range of motion) intact to all extremities. Patient started having bilateral hip pain post fall. MD (Medical Doctor) notified new orders for x-rays, new orders for Tylenol were obtained and dose administered . NP (nurse practitioner) will evaluate should additional pain medicine be required for pain control. 1/2/20 at 1:52 p.m., Contacted X-ray company regarding ETA of x-ray, dispatch reaching out to tech. 1/2/20 at 3:57 p.m., Contacted X-ray company regarding ETA of x-ray, dispatch reaching out to tech. Spoke with supervisor unable to give time, will call back . still waiting for mobile x-ray. 1/2/20 at 10:44 p.m., (Radiology Services Name) in facility earlier this eve (evening) for xray hip/pelvis . spoke with family regarding preference of reaching out to ortho (orthopedics) 1/3/20 or sending to ER (emergency room) for eval (evaluation). POA (power of attorney) opted for ER . 1/3/20 at 10:29 a.m., . Resident was admitted to (Hospital Name) for pubis rami fractures identified in xrays completed on 1/2/20 . Resident was immediately assessed by nurse who noted increase in pelvic pain. Nurse notified on-call MD who ordered STAT (immediate) xrays . STAT Xrays completed (sic) and concluded Lt (left) pelvic rami fractures . Resident admitted to hospital r/t (related to) fractures . Resident 140's Radiology Report, dated 1/2/20 at 5:53 p.m., indicated, Pelvis 1-2 views . Acute/subacute left pubic rami fractures seen with mild displacement. Conclusion: Acute/subacute left pubic rami fractures . Interview, on 3/06/20 at 3:32 p.m., LPN 1 indicated staff did not send resident out due to the Nurse Practitioner instructions to wait on radiology and resident did no sustain a life-threatening injury. Interview, on 3/06/20 at 4:00 p.m., the Director of Nursing Services indicated she did not know why the second x-ray order was canceled and reordered. On 3/6/20 4:20 p.m., the Facility Administrator provided the (Radiology Services Name) Portable Diagnostic Services Agreement, dated 11/18/13, and indicated it was the contract currently being used by the facility. A review of the contract indicated no specific time frames in regard to service response time. 3.1-49(g)</p> <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the 200 unit dining room was free from scuffed walls, peeling wall paper, and a damaged electrical box cover plate. Twelve of 43 residents on the 200 unit dined in the 200 unit dining room. Findings include: On 3/2/20, at 11:15 A.M., the 200 unit dining room was observed to have peeling wall paper on the southeast and southwest walls, scuffs on the southeast and south wall, and a broken electrical box cover plate on the southeast wall. During an interview, on 3/6/20 at 10:30 A.M., the facility Administrator indicated the 200 unit dining room walls and electrical box cover plate were in need of repair. Twelve of 43 residents on the 200 unit dined in the 200 unit dining room. On 3/5/20 at 10:00 A.M., the Director of Health Services provided the Resident Rights, revised date of 7/2019, and indicated these were the Resident Rights currently used by the facility. A review of the Resident Rights indicated, the resident as the right to a safe, clean, comfortable, and homelike environment . 3.1-19(f)(5)</p>		
F 0921 Level of harm - Potential for minimal harm Residents Affected - Some			

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.