STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155193	A. BUILDING _____ B. WING _____	**05/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GREENWOOD HEALTHCARE CENTER	**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)
F 0580 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident representative of a change in respiratory condition with the addition of a new physician order [REDACTED]. A physician's orders [REDACTED]. A Telehealth physician progress notes [REDACTED].Some SOB. [MEDICATION NAME] q6hr PRN(every 6 hours as needed for) SOB The resident's record did not contain documentation that indicated Resident B's representative was notified of a change in her condition and new medication order. During an interview, on 05/22/2020 at 11:35 a.m., The DON (Director of Nursing) indicated it was the nurse's responsibility to notify the resident's representative of change in condition and to document the notification in progress notes. On 05/23/20 at 8:29 a.m., a late entry was added to Resident B's medical record with an effective date of 4/1/2020 at 4:22 p.m., which indicated, .daughter called to check on res (resident.) nurse informed daughter res was doing well, had some shortness of breath that had gotten better after breathing treatment with new PRN order with MD (medical doctor) notification. lung sounds CTA (clear) before and after treatment. Res stated feeling better. . Phone Records, dated 03/27/2020 to 04/08/2020, provided by the complainant indicated no phone call was made to or received from the facility on 04/01/2020. The complainant made a call to the facility [MEDICATION NAME] 23 minutes on 04/02/2020 at 6:43 p.m. During a confidential interview, on 05/22/2020 at 1:13 p.m., the complainant indicated no one from the facility had notified her of Resident B's shortness of breath or the new physician's orders [REDACTED].The Nurse that takes the physician order [REDACTED].Notify the resident/resident representative of changes or new orders as appropriate . document contacts in the medical record A current facility policy titled, Clinical Documentation Standards, provided by the DON on 05/23/20 at 3:29 p.m., indicated, .The nurse is expected to .Document entries during the work shift and complete all entries before leaving the facility for that tour/shift .Document the status of the resident including changes .Chart in 'real time' when an event is occurring or shortly thereafter This Federal tag relates to Complaint IN 314. 3.1-5(a)(3)
F 0695 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide safe and appropriate respiratory care for a resident when needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a respiratory assessment was completed before and after the administration of a breathing treatment for 1 of 4 residents reviewed for respiratory therapy. (Resident B) Finding includes: The record for Resident B was reviewed on 05/22/2020 at 11:00 a.m. [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. physician's orders [REDACTED]. During an interview, on 05/23/2020 at 1:25 p.m., the Staff Development Coordinator indicated it was the facility's standard of practice to include an order for [REDACTED]. Resident B's nebulizer order should have been reviewed, on 04/02/2020, at the morning meeting and corrected. She did not recall why the order was not corrected. During an interview, on 05/23/2020 at 2:00 p.m., the DON (Director of Nursing) indicated the order for Resident B should have been reviewed in the morning meeting it was just something that got missed. The MAR indicated [REDACTED]. The MAR indicated [REDACTED]. The MAR indicated [REDACTED]. During an interview, on 05/23/2020 at 1:25 p.m., the Staff Development Coordinator indicated she administered a nebulizer treatment to Resident B at 10:56 p.m. She did not document lung sounds at that time. She had not assessed the residents pulse, oxygen saturation, or respirations prior to giving the treatment. She indicated she should have completed those assessments prior to the administration of the medication. At 11:20 p.m., she noted Resident B was no longer wheezing. She did not complete a full post respiratory assessment and indicated she should have. During an interview, on 05/23/2020 at 2:00 p.m., the DON indicated general nursing knowledge dictated a pre and post respiratory assessment should have been completed with the administration of a nebulizer treatment. A facility policy titled, Nebulizer Treatments, provided by the DON on 05/23/2020 at 3:29 p.m., indicated, .Initial and periodic assessments may include but not limited to .baseline data including vital signs and history of respiratory illness .pulse oximetry (a test to measure oxygen saturation) This Federal tag relates to Complaint IN 314. 3.1-47(a)(6)

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.