STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON AT SOUTHPORT THE	7212 US HWY 31 S, INDIANAPOLIS, , 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: February 17, and 18, 2025 Facility number: 003283 Residential Census: 49 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed February 24, 2025.	R 0000		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:	R 0148	This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Wellington at Southport as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this	03/05/2025

	(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected. Based on observation, interview, and record review, the facility failed to ensure potentially hazardous materials were kept secure behind locked doors to prevent resident access for 1 of 2 days of the survey. Finding includes: On 2/17/25 at 10:42 a.m., the Mechanical Room/Electrical Room door across from Room 17 and to be unlocked with no staff in the immediate area. In the room, four electrical panels were observed to be unlocked with a sign that indicated Danger High Voltage. A handheld sprayer with an unknown liquid and a 15 oz (ounce) plastic bag that contained 20 blocks of rodent		Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	

	poison was observed in the room. On 2/17/25 at 10:48 a.m., the Beauty/Barber Shop was observed to be unlocked. Inside the Beauty/Barber Shop, the following was observed: - One - 12 oz spray can of Got 2 Be Glued blasting freeze spray, - One - 7 oz spray bottle of Coconut Milk Detangle Elixir, - One - 6 oz, plastic tube of Hairitage Curl Crème, - One - 16 oz Eco Style Arapan oil styling Gel, - One - 8.25 oz plastic bottle of Color Lux purple color cleaning conditioner, - One - 4 oz tube of Violet Semi Permanent Creations, - One - 19 oz spray can of Glass Cleaner - A plastic container with several combs soaking in a clear solution with unidentified white/gray slimy substance on them. - A small pair scissors and a razor. - A bottle of 91 percent isopropyl alcohol. During an interview on 2/17/25		How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and By what date the systemic changes will be completed. R148	

	at 11:03 a.m., the Executive Director indicated that the mechanical room and beautician room doors should have been closed and locked. On 2/17/25 at 2:05 p.m., the door to the Maintenance Director Room was observed to be unlocked with no staff in the immediate area. In the room, multiple power tools, CLR (Calcium, Lime, Rust) Cleanser, and Spray Adhesive, and two ladders that were leaned up against the wall were observed. During an interview on 2/17/25 at 2:08 p.m., the Maintenance Director indicated that the Maintenance office door should have been locked. On 2/18/25 at 7:45 a.m., the Administrator provided a copy of the Maintenance Operations Manuel dated 8/2023, and indicated it was the current document in use by the facility. A review of the policy indicated, electrical mechanical room areas: are supplies labeled and stored properly and is the door locked when not supervised. Based on observation, interview, and record review, the facility failed to ensure potentially hazardous materials were kept secure behind locked doors to prevent resident access for 1 of 2 days of the survey.		The community reviewed all doors that have hazardous materials and electrical systems behind them. All with hazardous materials and electrical systems behind them locks have been changed to storeroom locks. Department heads check doors daily to ensure they are locked. Systematic changes were completed on 3/5/2025	

Finding includes:

On 2/17/25 at 10:42 a.m., the Mechanical Room/Electrical Room door across from Room 17 and to be unlocked with no staff in the immediate area. In the room, four electrical panels were observed to be unlocked with a sign that indicated Danger High Voltage. A handheld sprayer with an unknown liquid and a 15 oz (ounce) plastic bag that contained 20 blocks of rodent poison was observed in the room.

On 2/17/25 at 10:48 a.m., the Beauty/Barber Shop was observed to be unlocked. Inside the Beauty/Barber Shop, the following was observed:

- One - 12 oz spray can of Got 2 Be Glued blasting freeze spray,

- One - 7 oz spray bottle of Coconut Milk Detangle Elixir,

- One - 6 oz, plastic tube of Hairitage Curl Crème,

- One - 16 oz Eco Style Arapan oil styling Gel,

- One - 8.25 oz plastic bottle of Color Lux purple color cleaning conditioner,

- One - 4 oz tube of Violet Semi Permanent Creations,

- One - 19 oz spray can of Glass

Cleaner

- A plastic container with several combs soaking in a clear solution with unidentified white/gray slimy substance on them.

- A small pair scissors and a razor.

- A bottle of 91 percent isopropyl alcohol.

During an interview on 2/17/25 at 11:03 a.m., the Executive Director indicated that the mechanical room and beautician room doors should have been closed and locked.

On 2/17/25 at 2:05 p.m., the door to the Maintenance Director Room was observed to be unlocked with no staff in the immediate area. In the room, multiple power tools, CLR (Calcium, Lime, Rust) Cleanser, and Spray Adhesive, and two ladders that were leaned up against the wall were observed.

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	A review of the policy indicated, electrical mechanical room areas: are supplies labeled and stored properly and is the door locked when not supervised.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE