STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF AVON	182 S COUNTY ROAD 550 E, AVON, , 46123

(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 the Investigation of Complaint IN00462503 and IN00463128. Complaint IN00462503 - State deficiencies related to the allegations are cited at R0144 and R0149. Complaint IN00463128 - State deficiencies related to the allegations are cited at R0144 and R0149. Survey date: July 14, 2025 Facility number: 003902 Residential Census: 62 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 15, 2025.	R 0000	ATT: Suzanne Williams Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204 Re: State Residential Licensure Survey Independence Village of Avon 182 S County Road 550 E Avon, IN 46123 Dear Ms. Suzanne Williams, On July 14, 2025, a State Residential Licensure (**ID RXTH11**) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.	

			We respectfully request a desk review to ensure that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of July 26th, 2025. Please feel free to call me with any further questions at 317-745-2766. Respectfully submitted, Romeo Behl Independence Village of Avon 182 S County Road 550 E Avon, IN 46123	
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to ensure a clean, safe environment in 3 of 3 laundry units observed during a physical environment walk-through.	R 0144	**R 144 Sanitation and Safety Standards- Deficiency** **The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.***	08/14/2025

	Finding includes: On 7/14/25 at 11:50 a.m., the laundry room on the third floor was observed. Behind the row of washers and dryers, were thick layers of lint and dust covering the floor and dryer vent tubing behind the machines. On 7/14/25 at 12:00 p.m., the laundry room on the second floor was observed. Behind the row of washers and dryers were multiple (approximately 20) used drying sheets, lint and dust covering the floor behind the machines. On 7/14/25 at 12:05 p.m., the laundry room on the first floor was observed. Behind the row of washers and dryers were pieces of paper, dust, and lint covering the floor. During an interview on 7/14/25 at 12:13 p.m., Housekeeper 2 indicated the laundry room was housekeeping's responsibility to maintain. She indicated it was very dirty behind the washers and dryers, but they were too heavy to move, so they did not clean behind them. During a facility tour on 7/14/25, beginning at 2:08 p.m. and completed at 2:15 p.m., the Administrator indicated the debris, paper, lint, and dust present behind the washers and dryers should not be behind there. This area should be kept		***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.*** ***The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*** ***1)Immediate actions taken for those residents identified:*** All laundry rooms in the community were vacuumed/wiped by the housekeeping lead/Designee immediately. In-service and education provided to all housekeeping and maintenance staff for laundry Equipment Preventative Maintenance immediately. ***2)How the facility identified other residents:*** Any resident residing in the facility had the potential to be affected. **3)Measures put into place/**	

	clean of lint and debris. A current facility policy, reviewed 1/26/23, titled, "Laundry Equipment Preventative Maintenance," provided by the Administrator on 7/14/25 at 3:17 p.m., included the following: "...4. Procedure Laundry rooms and equipment will be inspected monthly. The preventative maintenance will be performed by the on-site housekeeping and maintenance teams....Inspect dryer venting. Vacuum/wipe clean as needed....Inspect surroundings for cleanliness. Inspect flooring and sinks ensuring that [SIC] are free of debris and spells [SIC]...." This citation relates to Complaints IN00462503 and IN00463128. Based on observation and interview, the facility failed to ensure a clean, safe environment in 3 of 3 laundry units observed during a physical environment walk-through. Finding includes: On 7/14/25 at 11:50 a.m., the laundry room on the third floor was observed. Behind the row of washers and dryers, were thick layers of lint and dust covering the floor and dryer vent tubing behind the machines. On 7/14/25 at 12:00 p.m., the		**System changes:** Housekeeping lead/designee will In-service all new staff members on laundry Equipment Preventative Maintenance upon hire and annually. Housekeeping lead/designee will check all laundry rooms 3 times a week for 4 weeks and then 2 times a week for 4 weeks and then 1 time weekly for 4 weeks and monthly thereafter to ensure compliance. **4)How the corrective actions will be monitored:** Housekeeping lead/designee will be responsible for this plan of correction and Audit findings will be presented to the department heads' meeting once a month x 3 months or until 100% compliance is achieved x3 consecutive months. **5)Date of compliance: 8/14/2025**	

	laundry room on the second floor was observed. Behind the row of washers and dryers were multiple (approximately 20) used drying sheets, lint and dust covering the floor behind the machines. On 7/14/25 at 12:05 p.m., the laundry room on the first floor was observed. Behind the row of washers and dryers were pieces of paper, dust, and lint covering the floor. During an interview on 7/14/25 at 12:13 p.m., Housekeeper 2 indicated the laundry room was housekeeping's responsibility to maintain. She indicated it was very dirty behind the washers and dryers, but they were too heavy to move, so they did not clean behind them. During a facility tour on 7/14/25, beginning at 2:08 p.m. and completed at 2:15 p.m., the Administrator indicated the debris, paper, lint, and dust present behind the washers and dryers should not be behind there. This area should be kept clean of lint and debris. A current facility policy, reviewed 1/26/23, titled, "Laundry Equipment Preventative Maintenance," provided by the Administrator on 7/14/25 at 3:17 p.m., included the following: "...4. Procedure Laundry rooms and equipment			

	will be inspected monthly. The preventative maintenance will be performed by the on-site housekeeping and maintenance teams....Inspect dryer venting. Vacuum/wipe clean as needed....Inspect surroundings for cleanliness. Inspect flooring and sinks ensuring that [SIC] are free of debris and spells [SIC]...." This citation relates to Complaints IN00462503 and IN00463128.			
R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation and interview, the facility failed to contain and treat bed bugs according to the facilities pest control policy for 4 of 4 rooms with bed bugs (Apartments W, X, Y, and Z). Findings include: During an interview on 7/14/25 at 10:43 a.m., the Maintenance Director indicated he had been informed about bed bugs being found in apartment W during the second week of May 2025. He attempted to treat them with bug	R 0149	**R149 Sanitation and Safety Standards-Deficiency** **The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.*** ***The plan of correction is prepared and/or executed solely because it is required by the provisions of***	08/14/2025

spray and washing all clothing and bedding. He checked the room weekly and would find some bed bugs, but felt there had been progress. He indicated the resident had stated she was seeing the bugs less frequently. He would retreat the room with bed bug killer and had all items rewashed. About four weeks later, another apartment, room X, reported bed bugs. At that time, he contracted with a pest control company to treat for bed bugs. The first treatment was a chemical treatment on 6/19/25 in both apartments. All clothing was washed, bagged, and sealed. The rooms had been treated weekly with chemicals. On 7/3/25, two more apartments were found to have bed bugs. The pest control company came on Thursdays and treated the affected rooms with chemicals. All clothing and bedding were washed and bagged. The vacuum was to be run the following day of chemical treatment. He had checked the adjacent rooms to the four rooms affected with no bed bugs found and rooms were inspected each week. He completed his inspections during the day.

During an interview on 7/14/25 at 12:13 p.m., Housekeeper 2 indicated she did clean two of the rooms that had been found to have bed bugs. She wore a

federal and state law.

1)Immediate actions taken for those residents identified:

Apartment W, X, Y and Z were inspected by the Maintenance director
immediately and no bed bugs were found in the listed apartments. Pest control was called, and rooms were sprayed and treated again preventively. All
precautions were used as per company policy.

2)How the facility identified other residents:

Any resident residing in the facility had the potential to be affected.

3)Measures put into place/ System changes:

All staff were in service on the company's Bed bug policy and reporting
immediately. Maintenance director/Designee will check suspected apartments 3 times weekly x 4 weeks, then 2 x weekly for 4 weeks and then 1

	gown when going into the affected rooms. The rooms were vacuumed and cleaned on their regular cleaning days. She was not aware of any schedule change. Apartment W was cleaned on Wednesdays and apartment X was cleaned on Thursdays. During an interview on 7/14/25 at 1:56 p.m., the Housekeeping Supervisor indicated she was not aware that the affected rooms needed cleaned on a particular day in regard to the treatments for the bed bugs. They had not changed the schedule or frequency of vacuuming and cleaning these rooms. During an interview on 7/14/25 at 3:03 p.m., CNA 4 indicated the resident from apartment X sat with the resident from apartment W daily for meals. She believed that was how the bed bugs spread. She observed a bed bug on the resident's shirt from apartment Y that morning. The resident's shirt was changed and placed in a sealed bag to be laundered. During an interview on 7/14/25 at 2:54 p.m., Resident D, who resided in apartment W, indicated she had two bugs crawl on her face Saturday night, so she sat on her loveseat for awhile. She had not seen any bugs that day. The		x weekly 1 month to ensure the suspected apartments' sanitation and safety is maintained. In the event of any traces being found, Pest control will be called immediately to stop the spread. **4)How the corrective actions will be monitored:** Maintenance/Designee will be responsible for this plan of correction and Audit findings will be presented to the department heads' meeting once a month x 3 months or until 100% compliance is achieved x3 consecutive months. **5)Date of compliance:8.14.25**	

facility had treated her room four times thus far and she was hoping it would take care of the issue.

A current facility policy, reviewed 1/20/23, titled, "Bed Bug Prevention and Management," provided by the Administrator on 7/14/25 at 11:13 a.m., included the following: "...4. Procedure. Identifying and eradicating bed bugs is a multidisciplinary task, involving wellness, infection control, administration, housekeeping, and maintenance...2. Identification...b. Inspect adjacent areas in the community for any signs of infestation. i. Check resident rooms at night when bed bugs are active. Use a flashlight to check linens, matresses, etc. for signs of bed bug activity...5. Follow-up...c. Vacuum regularly. d. Monitor for bed bugs daily...."

This citation relates to Complaints IN00462503 and IN00463128.

Based on observation and interview, the facility failed to contain and treat bed bugs according to the facilities pest control policy for 4 of 4 rooms with bed bugs (Apartments W, X, Y, and Z).

Findings include:

During an interview on 7/14/25

at 10:43 a.m., the Maintenance Director indicated he had been informed about bed bugs being found in apartment W during the second week of May 2025. He attempted to treat them with bug spray and washing all clothing and bedding. He checked the room weekly and would find some bed bugs, but felt there had been progress. He indicated the resident had stated she was seeing the bugs less frequently. He would retreat the room with bed bug killer and had all items rewashed. About four weeks later, another apartment, room X, reported bed bugs. At that time, he contracted with a pest control company to treat for bed bugs. The first treatment was a chemical treatment on 6/19/25 in both apartments. All clothing was washed, bagged, and sealed. The rooms had been treated weekly with chemicals. On 7/3/25, two more apartments were found to have bed bugs. The pest control company came on Thursdays and treated the affected rooms with chemicals. All clothing and bedding were washed and bagged. The vacuum was to be run the following day of chemical treatment. He had checked the adjacent rooms to the four rooms affected with no bed bugs found and rooms were inspected each week. He completed his inspections during the day.

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