STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF INDIANAPOLIS	8601 SOUTH SHELBY STREET, 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 the Investigation of Complaints IN00406119 and IN00408970. Complaint IN00406119 - State deficiencies related to the allegations are cited at R0144. Complaint IN00408970 - No deficiencies related to the allegations are cited. Survey date: May 19, 2023 Facility number: 014062 Residential Census: 111 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed May 23, 2023.	R 0000	**The creation and submission of the Plan of Correction does not constitute an admission by this provider, or a conclusion set forth in the state of deficiencies, or of any violation or regulation. This provider respectfully requests that this Plan of Correction be considered the letter of Credible Allegation and Requests a Desk Review in lieu of a Post Survey Review.** **Completion Date 6/30/2023**	
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a)	R 0144	1. **What corrective action (3) will be accomplished for those**	06/30/2023

(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, interview, and record review, the facility failed to keep the facility clean and in a state of good repair 1 of 3 rooms and 1 of 2 outside doors observed. The outside door was in disrepair and a room smelled of cat urine. (East Door, Room 106)

Findings include:

1. On 5/19/23 at 10:30 a.m., Resident E indicated the door on the East side of the building was in need of repair and had been since he moved in 7 months ago. He indicated the door was ajar, and as a former maintenance man, he used his tools to level it up. He also indicated it needed a new door because there were too many gaps. He indicated a lot of the problem was resident's electric scooters hitting the door on the bottom. At that time, the door to go outside on the East side, where some residents go out to smoke was observed. On the bottom left side a noticeable gap, which could allow outside pests enter, was observed. The door had to be forced to close.

2. On 5/19/23 at 11:00 a.m., Room 106 was observed to

residents found to have been affected by the deficient practice.

The proposal given to the surveyor on 5/19/2023 at 1:00 p.m. for a new door for the East side door has been signed and submitted to Door Equipment, LLC. The door will be installed within 30 days as it must be built to accommodate the current door frame. Door Equipment, LLC has informed the Environmental/Maintenance Director and Executive Director that the soonest date for installation of the new door could be June 9th and no later than June 14, 2023. Once the door is installed there will be no gaps for pests to enter and will ensure resident safety.

1. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

Clinical staff immediately completed a view of all

	have a strong smell of cat urine. Two cats were observed in the room. On 5/19/23 at 1:00 p.m., the Administrator provided a proposal for a new door for the East side, dated 3/17/23, and indicated it had bee, but not approved. This State tag relates to Complaint IN00406119. Based on observation, interview, and record review, the facility failed to keep the facility clean and in a state of good repair 1 of 3 rooms and 1 of 2 outside doors observed. The outside door was in disrepair and a room smelled of cat urine. (East Door, Room 106) Findings include: 1. On 5/19/23 at 10:30 a.m., Resident E indicated the door on the East side of the building was in need of repair and had been since he moved in 7 months ago. He indicated the door was ajar, and as a former maintenance man, he used his tools to level it up. He also indicated it needed a new door because there were too many gaps. He indicated a lot of the problem was resident's electric scooters hitting the door on the bottom. At that time, the door to go outside on the East side, where some residents go out to smoke was observed. On the		apartments to identify residents needing extra support maintaining a safe environment in their apartment. Housekeeping will keep ongoing communication with environmental service supervisor with any needs they feel nursing needs to assist the resident in accomplishing a safe environment**.** 1. **What measure will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur;** Residents will allow Housekeeping to clean weekly. If the resident refuses the Environmental Service Aide will notify the Environmental/Maintenance Director who will notify the DON for assistance. Residents understand that it is their responsibility to assist the community in the management of their environment. Continued disregard of their obligations as stated in the resident lease will result in a	

	bottom left side a noticeable gap, which could allow outside pests enter, was observed. The door had to be forced to close. 2. On 5/19/23 at 11:00 a.m., Room 106 was observed to have a strong smell of cat urine. Two cats were observed in the room. On 5/19/23 at 1:00 p.m., the Administrator provided a proposal for a new door for the East side, dated 3/17/23, and indicated it had bee, but not approved. This State tag relates to Complaint IN00406119.		relocation plan meeting and plans will be made to move residents to a higher level of care. The resident in room 106 would not allow the housekeeper to clean certain areas of the apartment. She allowed cleaning only where she would direct the housekeeper. Due to the strong urine odor both cats were removed due to being ill. Residents' friend is assisting in the relocation of the pets as well as assisting resident with her personal belongings to eliminate the strong smell of urine. The facility is replacing the carpet and some of the drywall where the pets sprayed. The flooring vendor is ordering the replacement floor and the Environmental/Maintenance Director will replace the drywall. Resident agrees to allow Hellenic Senior Living Staff to assist as needed with keeping their environment free of foul odors such as incontinence products and spoiled foods every shift. C.N.A.s will help straighten and	

organize apartments
for safety. Daily trash removal each shift to monitor removal of incontinent
products and spoiled foods. Environmental Service Aides will continue to clean
and sanitize each apartment weekly. Clinical staff will view apartments each
week x 1 month every other week x 1 month x 3. Documentation will be in the resident service plan and task documentation by the C.N.A. The Environmental
Service Aide will continue their documentation weekly.

Complete date 6/30/2023

1. **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 what date the
systemic changes will be completed?**

The Quality Assurance Program put
into place: Hellenic Senior

			Living Staff to assist as needed with keeping their environment free of foul odors such as incontinence products and spoiled foods every shift. C.N.A.s will help straighten and organize apartments for safety. Daily trash removal each shift to monitor removal of incontinent products and spoiled foods. Environmental Service Aides will continue to clean and sanitize each apartment weekly. Clinical staff will view apartments each week x 1 month every other week x 1 month x 3. Documentation will be in the resident service plan and task documentation by the C.N.A. The Environmental Service Aide will continue their documentation weekly**.** 1. **By what date the systemic changes will be completed?** **Completion Date: 6/30/2023**	

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