STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/02/2022

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 IN00380284 and IN00381620. Complaint IN00381620 - Substantiated. State deficiencies related to the allegations are cited at R144. Complaint IN00380284- Unsubstantiated due to lack of evidence. Survey dates: June 1 and 2, 2022 Facility number: 014062 Residential Census: 118 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed June 3, 2022.	R 0000	submitted as required under State and Federal Law; the submission of this plan of correction does not constitute an admission of wrongdoing on behalf of the community.	
R 0144	Sanitation and Safety Standards - Deficiency	R 0144	*Clinical staff immediately completed a view of all	07/02/2022

	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, interview, and record review the facility failed to ensure the facility was clean, orderly, and in a state of good repair for 2 of 3 residents reviewed. Rooms were cluttered and had a urine odor. (Resident B and E) Findings include: 1. On 6/1/22 at 12:00 p.m., the clinical review record of Resident B was reviewed. The diagnoses included, but were not limited to, diabetes, congestive heart failure, and cellulitis. On 6/1/22 at 12:51 p.m. a urine odor was observed outside of Resident B's room which became more prominent inside the room. Upon entering resident B's room, Resident B was observed to be sitting in her recliner, with a motorized wheelchair . A wheelchair and numerous items of clothing, food items, and personal belongings hampered the entrance into Resident B's room. A review of Resident B's service plan, dated 3/22/22 indicated		apartments to identify residents needing extra support maintaining a safe environment in their apartment. Housekeeping will keep ongoing communication with supervisor with any needs. Residents A & E will allow Housekeeping to clean weekly. If refused supervisor to be made aware. Residents A & E understand that it is their responsibility to assist community in the management of their environment. Continued disregard of their obligations as stated in the resident lease will result in a relocation plan meeting and plans will be made to move resident to a higher level of care. Resident A-- Outside CNA provider to give showers, remove incontinent pads, and place new pads each visit. Resident agrees to allow Hellenic Senior Living Staff to assist as needed with incontinent episodes. Resident has agreed to allow 2 chosen to help straighten organize apartment for safety.	

Resident B required assistance with bathing and housekeeping.

2. On 6/1/22 at 1:40 p.m., the clinical review record of Resident E was reviewed. The diagnoses included, but were not limited to: chronic kidney disease and CVA (cerebral vascular accident).

A review of Resident E's service plan, dated 4/28/22, indicated Resident E required assistance with housekeeping.

On 6/1/22 at 2:30 p.m., Resident E's room was observed to have a strong urine odor. Upon entering the resident's room, a motorized scooter was directly behind the door. The door would not open fully. Food and personal items were observed scattered throughout the kitchen and living room area. Resident E indicated her room was a mess.

On 6/1/22 at 2:40 p.m., the DON indicated the facility had been reassessing Resident B's need to transfer to a skilled nursing facility due to requiring additional care.

This State tag relates to Complaint IN00381620.

Based on observation, interview, and record review the facility failed to ensure the facility was clean, orderly, and in a state of good repair for 2 of 3

Daily trash removal each shift to monitor removal of incontinent products.

Enzyme cleaner placed for apartment and chair

each week x 1 month

every other week x 1 month

every month x 3 months

Complete date 11/4/2022

Resident E--

Resident Care Givers to do daily checks in apartment for open food containers going bad.

Resident will allow trash removed daily to remove incontinent products from apartment. If resident refuses trash pickup nurse is to be made aware.

Resident was offered references for offsite storage.

residents reviewed. Rooms were cluttered and had a urine odor. (Resident B and E)

Findings include:

1. On 6/1/22 at 12:00 p.m., the clinical review record of Resident B was reviewed. The diagnoses included, but were not limited to, diabetes, congestive heart failure, and cellulitis.

On 6/1/22 at 12:51 p.m. a urine odor was observed outside of Resident B's room which became more prominent inside the room. Upon entering resident B's room, Resident B was observed to be sitting in her recliner, with a motorized wheelchair . A wheelchair and numerous items of clothing, food items, and personal belongings hampered the entrance into Resident B's room.

A review of Resident B's service plan, dated 3/22/22 indicated Resident B required assistance with bathing and housekeeping.

2. On 6/1/22 at 1:40 p.m., the clinical review record of Resident E was reviewed. The diagnoses included, but were not limited to: chronic kidney disease and CVA (cerebral vascular accident).

A review of Resident E's service plan, dated 4/28/22, indicated

	Resident E required assistance with housekeeping. On 6/1/22 at 2:30 p.m., Resident E's room was observed to have a strong urine odor. Upon entering the resident's room, a motorized scooter was directly behind the door. The door would not open fully. Food and personal items were observed scattered throughout the kitchen and living room area. Resident E indicated her room was a mess. On 6/1/22 at 2:40 p.m., the DON indicated the facility had been reassessing Resident B's need to transfer to a skilled nursing facility due to requiring additional care. This State tag relates to Complaint IN00381620.			

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