

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Intakes 470565, 470641, 470913, and 470933. Intake 470565 - No deficiencies related to the allegations are cited. Intake 470641 - State deficiencies related to the allegations are cited at R349. Intake 470913 - State deficiencies related to the allegations are cited at R149. Intake 470933 - State deficiencies related to the allegations are cited at R149 and R349. Survey date: July 29, 2026 Facility number: 014062 Residential Census: 112	R 0000	The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this Plan of Correction (POC) provides the facility's credible evidence of compliance effective August 12, 2026. We respectfully request desk review and consideration for paper compliance of substantial compliance based on the POC and supporting documents submitted.		

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	These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 30, 2026.			
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, interview, and record review, the facility failed to maintain a resident's apartment free of bed bugs for 1 of 3 residents reviewed for pest. (Resident B) Findings include: During an interview on 7/29/26 at 3:49 p.m., Resident B indicated he had bed bugs in his apartment a few weeks ago but hadn't seen any in two weeks. He reported the bed bugs but his apartment wasn't treated right away. Resident B bought a bed cover for his mattress but hadn't been told there could be bed bugs in his rocking chair padding. At that time, Resident B was sitting in a wooden rocking chair with cloth padding on the back and seat. Resident B leaned forward in his rocking chair and at that time two bed	R 0149	1. Corrective action for the resident affected: - Resident B's apartment was immediately re-inspected by the contracted licensed pest control provider. - The resident's upholstered cushions on the rocking chair were removed from service and treated according to the recommendations of the licensed pest control company. - The resident's apartment, mattress, upholstered furniture, and surrounding areas were treated according to the pest management company's protocol. - Resident B received education regarding bed bug prevention, reporting procedures, and the importance of allowing inspection and treatment of all furniture and personal belongings. - Follow-up inspections have been scheduled	08/12/2026

bugs were observed crawling in the seem of the top right button on the back cushion. Just under the top right button was another button with several small bed bugs around the button and two more larger bed bugs crawling in the seem of the button.

Resident B stood and walked to his wheelchair and indicated that is why his arms had been itching again. That pest control guy did not treat his rocking chair. Resident B was not sure what he was supposed to do when bed bugs had been found in his apartment.

On 7/29/26 at 4:20 p.m., the Director of Nursing (DON) provided a copy of a facility policy, titled Bed Bugs, dated 7/9/26, and indicated this was the current policy used by the facility. A review of the policy indicated the policy established a pest free environment.

This citation relates to Intake 470913 and 470933.

until the apartment is determined to be free of evidence of bed bug activity.

2. Identification and corrective action for other residents potentially affected:

- The facility completed an audit of all current reports of bed bug activity.
- Apartments adjacent to or surrounding any affected apartment will be inspected by the licensed pest control provider when indicated.
- Residents with upholstered furniture in affected areas will receive additional inspections as recommended by the pest control provider.
- Any resident identified with suspected or confirmed bed bug activity will immediately be placed on the facility's Bed Bug Response Protocol.

3. Systemic changes to prevent recurrence:

- The Bed Bug Prevention and Response Policy has been revised to remove language stating the facility guarantees a

			'pest-free environment.' The revised policy states that the facility maintains an active Integrated Pest Management Program designed to promptly identify, evaluate, and treat pest concerns. • Nursing, maintenance, housekeeping, and environmental services staff will receive education on the revised policy, early identification, reporting procedures, and documentation requirements. • The Director of Nursing or designee will verify completion of all required response steps for every reported bed bug concern. 4. Monitoring to ensure continued compliance: • The Executive Director, Director of Nursing, or designee will review all pest control reports weekly for four (4) weeks and monthly thereafter for five (5) months. • Audits will verify timely reporting, timely pest control treatment, inspection of all potentially affected furniture and belongings, resident education, and documentation of	
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			follow-up inspections until the issue is resolved. Audit findings will be reviewed during the Quality Assurance/Performance Improvement (QAPI) meeting, and additional corrective actions will be implemented if concerns are identified.	
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on interview and record review, the facility failed to ensure documentation on the Medication Administration Record (MAR) was complete for 2 of 3 residents reviewed for documentation. (Resident B, Resident C) Findings include:	R 0349	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1In-service and training was/will be conducted on 8/6/26 & 8/12/2026 for all QMAs and Insulin Certified QMAs reviewing the following: Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding medication administration: 410 IAC 16.2-5-8.1(a)(1-4); Hellenic Senior Living Policy and Procedure 25 Medication Administration; Hellenic Senior Living Training -QMA with all items listed above with signature of QMA and Insulin Certified QMA acknowledging they received training and understand all training given during	08/12/2026

1. During an interview on 7/29/26 at 3:49 p.m., Resident B indicated he wasn't sure if the staff administered his medications the way the doctor wanted because he hadn't paid attention.

The clinical record for Resident B was reviewed on 7/29/26 at 4:22 p.m. The diagnoses included, but were not limited to, anxiety, major depression, and diabetes.

The physician's orders indicated:

- Started 5/8/26, Lantus Solostar 100 units/milliliter (ml) inject 20 units subcutaneously once daily for diabetes. There was no stop date noted.

- Started 5/8/26, hydralazine 100 milligrams (mg) tablet administer one tablet three times daily for hypertension. There was no stop date noted.

The Medication Administration Record, dated 7/1/26 at 12:00 a.m. until 7/29/26 at 3:00 p.m., indicated the facility failed to complete documentation for the bedtime administration of Lantus Solostar on 7/3/26 and 7/15/26.

The Medication Administration Record, dated 7/1/26 at 12:00 a.m. until 7/29/26 at 3:00 p.m., indicated the facility failed to

in-service. (copy of in-service attached)

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;

1Community nurse will review medication administration record for all medications administered and confirm documented

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;

1Current Staff: Inservice was conducted A_____ for all QMAs and Insulin Certified QMAs reviewing the following: Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding medication administration: 410 IAC 16.2-5-8.1(a)(1-4); Hellenic Senior Living Policy and Procedure 25 Medication Administration; Hellenic Senior Living Training -QMA with all items listed above with signature of QMA and Insulin Certified QMA acknowledging they received training and understand all training given during

complete documentation for the afternoon administration of hydralazine 100 mg on 7/17/26, 7/21/26, and 7/24/26.

2. During an interview on 7/29/26 at 3:11 p.m., Visitor 1 indicated Resident C told her the facility had run out of his insulin back in June.

The clinical record for Resident C was reviewed on 7/29/26 at 2:53 p.m. The diagnoses included, but were not limited to, Waldenstrom macroglobulinemia and diabetes.

The physician's orders indicated:

- Started on 5/7/26, insulin glargine-yfgn U100 pen inject 60 units subcutaneously at bedtime for diabetes. This order was discontinued on 6/12/26.

- Started on 6/12/26, Lantus Solostar 100 units/ml inject 60 units subcutaneously at bedtime for diabetes. There was no stop date noted.

in-service. (copy of in-service attached)

2All new hire QMA and insulin Certified QMA will receive training including Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding medication administration: 410 IAC 16.2-5-8.1(a)(1-4); Hellenic Senior Living Policy and Procedure 25 Medication Administration; Hellenic Senior Living Training -QMA with all items listed above with signature of QMA and Insulin Certified QMA acknowledging they received training and understand all training given during in-service.

3Community nurse will review medication administration record for all medications administered and confirm documented administration of medications.

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;

1Community nurse will review medication administration record for all medications administered and confirm documented as administered

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The Medication Administration Record, dated 6/1/26 at 12:00 a.m. until 6/30/26 at 11:59 p.m., indicated the facility failed to complete documentation for the bedtime injection of insulin glargine-yfgn on 6/1/26, 6/2/26, 6/3/26, 6/7/26, 6/8/26, 6/10/26 and 6/12/26. The Medication Administration Record, dated 6/1/26 at 12:00 a.m. until 6/30/26 at 11:59 p.m., indicated the facility failed to complete documentation for the bedtime injection of Lantus Solostar on 6/15/26, 6/16/26, 6/20/26, 6/22/26, 6/23/26, 6/24/26, 6/25/26. During an interview on 7/29/26 at 4:23 p.m., Registered Nurse (RN) 1 indicated she normally worked evening shift and Resident C had not missed any doses of insulin. The Medication Administration Records should have been completed in full. On 7/29/26 at 4:20 p.m., the Director of Nursing provided a copy of a facility policy, titled Medication Administration, dated 12/2025, and indicated this was the current policy used by the facility. A review of the policy indicated document the administration of medication immediately after the administration.	every day for 30 days, then once weekly for 4 weeks, then reviewed monthly for 6 months.
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	This citation relates to Intakes 470641 and and 470933.			
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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 SIGNATURETeresa Glidden	TITLEExecutive Director	(X6) DATE08/10/2026
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