STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF NEW ALBANY	2632 GRANT LINE ROAD, NEW ALBANY, , 47150

(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 IN00433142, IN00434064 and IN00434113. Complaint IN00433142 - No deficiencies related to the allegation is cited. Complaint IN00434064 - State deficiency related to the allegation is cited at R0148. Complaint IN00434113 - No deficiencies related to the allegations are cited. Survey dates: May 28, 29 and 30, 2024 Facility number: 014166 Residential Census: 125 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on June 6, 2024.	R 0000	N/A	

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: (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 resident apartment work orders were completed in a timely manner for 2 of 9 residents reviewed for building maintenance. (Residents F and G) Findings include:	R 0148	**Facility ID: 014166** **Hellenic Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** The Plan of Corrections is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance with this plan of correction as of June 13,2023 **(R 148)** **410 IAC 16.2-5-1.5(e)(1-4)** **Sanitation and Safety Standards-Deficiency**	06/24/2024

	1. The clinical record for Resident F was reviewed on 5/29/24 at 11:53 a.m. The resident's diagnoses included, but were not limited to diabetes, depression and schizoaffective disorder. The work order, dated 1/19/24 at 12:21 p.m., indicated the window needed repaired around the frame and the ceiling needed painted in Resident F's apartment. The work order was assigned a low priority. On 5/28/24 at 1:52 a.m., the following was observed in Resident F's apartment: -the ceiling in the living room had a discolored stain, approximately 10 feet in length and 4 inches in width, that extending from the pantry in the kitchen to the living room window. -the fire sprinkler in the living room was observed with a discolored stain around the base that extended outward approximately one inch. -the plaster above the living room window was cracked the length of the window and sagging. -the soffit above the living room window and to the left had a crack that extended from the window to the ceiling.		While no residents were negatively affected, an investigation was conducted, and all work-orders reviewed for proper categorizing of level of priority. In-service held 6/13/24 (HHow to recognize priority level of work- order for proper placement in Tels system) **1** **Please** **describe what the facility did to correct the deficient practice.** A Resident (F's) unit is in process of being repaired around window. The window frame and ceiling to be painted. An outside company was contacted to confirm no outside source/problem had previously caused issues since no inside visual issue was found. Completion date 6/24/24 B Resident (G's) unit repairs of wall at left of the bedroom entrance that was missing drywall, exposed particle board with sharp edges from a previous	

-a discolored stain on the ceiling, above the window, which measured 4 feet in length and 4 inches in width.

During an interview on 5/28/24 at 1:52 p.m., Resident F indicated the ceiling and window had been like that for about 6 months.

During an interview on 5/29/24 at 2:29 p.m., the Maintenance Director indicated he had seen the ceiling previously. He checked the apartment above and could not find any leakage.

2. The clinical record for Resident G was reviewed on 5/29/24 at 11:22 a.m. The diagnoses included, but were not limited to, depression and anxiety.

The work order, dated 2/14/24 at 8:49 a.m., indicated walls needed repaired and the door needed painted in Resident G's apartment. The work order was assigned a medium priority.

On 5/28/24 at 2:27 p.m., the following was observed in Resident G's apartment:

-the wall on the left at the bedroom entrance, at the bottom, was missing drywall, had exposed particle board with sharp edges. The area was 18 inches in length.

-the bottom of the bedroom wall

powerchair being ran into wall was properly fixed/repaired on 6/11/24. All patched areas in unit will be sanded and painted, completion date 6/24/24

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What measures will be put into place or what systemic change will be made to ensure that the deficient proactive does not recure?

A
The Maintenance Director will review all work-orders placed in Tels system *daily* and confirm the priority level is correct.

B
A Maintenance Assistant position has been posted on Indeed, approved to hire a PT assistant to help stay up on work-order more timely.

C Random In-service held with receptionist on priority level recognition when inputting in Tels system.

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	had a patched area that extended from the entrance of the bedroom to the bathroom and the bathroom door. -the left bedroom wall and bathroom walls had multiple patched areas. During an interview on 5/28/24 at 2:27 p.m., Resident G indicated the apartment was like that when she moved in on 2/8/24. On 5/29/24 at 2:20 p.m., the Executive Director indicated she remembered having the carpet replaced, however, had forgotten about the walls. On 5/29/24 at 3:25 p.m., the Executive Director provided a current copy of the document titled "Environmental Systems Program" dated March 2021. It included, but was not limited to, "Apartments...Policy...Apartments must be assessed, cleaned and prepared for a new resident ("turned over") in a timely manner...Maintenance of Occupied Apartments...Policy...Occupied apartments must be regularly maintained up to the standards outlined in this manual...work orders and/or resident requests must be completed within one business day, unless it is an emergency situation requiring immediate attention...Work Orders...Policy...The ESD must		**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?** All residents are at potential risk for the mentioned deficient practice; however, a review/inspect of (all) residents' rooms will be conducted by the Environmental Director on-going and random In-services held with staff on Work-order system "Tels" and how one can recognize a priority of a work-order and when in question speak directly with Maintenance or Executive Director.	

	daily review and prioritize work orders, and must complete it in a timely manner...." This Citation relates to Complaint IN00434064 Based on observation, interview and record review, the facility failed to ensure resident apartment work orders were completed in a timely manner for 2 of 9 residents reviewed for building maintenance. (Residents F and G) Findings include: 1. The clinical record for Resident F was reviewed on 5/29/24 at 11:53 a.m. The resident's diagnoses included, but were not limited to diabetes, depression and schizoaffective disorder. The work order, dated 1/19/24 at 12:21 p.m., indicated the window needed repaired around the frame and the ceiling needed painted in Resident F's apartment. The work order was assigned a low priority. On 5/28/24 at 1:52 a.m., the following was observed in Resident F's apartment: -the ceiling in the living room had a discolored stain, approximately 10 feet in length and 4 inches in width, that extending from the pantry in the kitchen to the living room		**4** **How will corrective actions be monitored to ensure the deficient practice will not recure? Please explain the criteria or threshold and Quality Assurance Program will be used to determine whether further monitoring is necessary or if the monitoring can be stopped.** A review/inspect of (all) residents' rooms will be conducted bythe Environmental Director monthly on-going and random In-services help with staff on Work-order system "Tels" and how one can recognize a priority of a work-order. **5** **By what date will the systemic changes be completed?** All systemic changes noted will be completed on or before6/24/24 *Affective date 6/24/24*	

window.

-the fire sprinkler in the living room was observed with a discolored stain around the base that extended outward approximately one inch.

-the plaster above the living room window was cracked the length of the window and sagging.

-the soffit above the living room window and to the left had a crack that extended from the window to the ceiling.

-a discolored stain on the ceiling, above the window, which measured 4 feet in length and 4 inches in width.

During an interview on 5/28/24 at 1:52 p.m., Resident F indicated the ceiling and window had been like that for about 6 months.

During an interview on 5/29/24 at 2:29 p.m., the Maintenance Director indicated he had seen the ceiling previously. He checked the apartment above and could not find any leakage.

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On 5/28/24 at 2:27 p.m., the following was observed in Resident G's apartment:

-the wall on the left at the bedroom entrance, at the bottom, was missing drywall, had exposed particle board with sharp edges. The area was 18 inches in length.

-the bottom of the bedroom wall had a patched area that extended from the entrance of the bedroom to the bathroom and the bathroom door.

-the left bedroom wall and bathroom walls had multiple patched areas.

During an interview on 5/28/24 at 2:27 p.m., Resident G indicated the apartment was like that when she moved in on 2/8/24.

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	included, but was not limited to, "Apartments...Policy...Apartments must be assessed, cleaned and prepared for a new resident ("turned over") in a timely manner...Maintenance of Occupied Apartments...Policy...Occupied apartments must be regularly maintained up to the standards outlined in this manual...work orders and/or resident requests must be completed within one business day, unless it is an emergency situation requiring immediate attention...Work Orders...Policy...The ESD must daily review and prioritize work orders, and must complete it in a timely manner...." This Citation relates to Complaint IN00434064			

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