STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/14/2022

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 IN00378809, IN00381895, and IN00382285. Complaint IN00378809 - Substantiated. State deficiencies related to the allegations is cited at R0407. Complaint IN00381895 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00382285 - Unsubstantiated due to lack of sufficient evidence. Survey dates: June 13 and 14, 2022 Facility number: 014166 Residential Census: 122 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on	R 0000	**Facility ID: 014166** **Hellenic Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** The Plan of Correction is neither an agreement with nor an admission of wrong doing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of	

	June 15, 2022		September 2, 2022. **R 407 410 IAC 16.2-5-12(b)(1-4) Infection Control Noncompliance** While all residents have the potential to have been exposed to a communicable disease through improper wearing of masks, no resident were identified as being negatively affected by two staff members alleged to not wearing a face mask properly. Leadership completed a review of 100% of infections within the community for the prior 30 days. No infections were found to be tied to improper wearing of face masks within the community. Leadership has educated/counseled the identified staff on proper face mask usage. All staff members were provided education regarding proper face mask usage. Additional educational signage will be placed	

			throughout building on proper mask usage. (See attached) Executive Director or designee will audit 10% of staff members per week for 4 weeks to ensure proper mask usage, 5% of staff members per week for 6 additional weeks to ensure proper mask usage. All staff found not properly using face masks will be provided education at the time of audit. (See attached) *All changes will be effective on or before September 2, 2022*	
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including	R 0407	**Facility ID: 014166** **Hellenic Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150**	07/02/2022

universal precautions.

(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.

(4) Reporting communicable disease to public health authorities.

Based on observation and interview, the facility failed to ensure staff donned appropriate personal protective equipment related to proper face mask usage for 2 of 5 staff observed related to infection.

Findings include:

On 6/13/22 at 4:16 p.m.., during the dinner meal service, the follow was observed:

-Dietary Staff Member 3 was observed serving food directly to the residents with his face mask under his chin.

-Dietary Staff Member 4 was observed at the drink station, in the residents' dining room, with his mask under his nose.

During an interview on 6/14/22 at 11:37 a.m., the Executive Director indicated both of the dietary staff members were well aware that they did not have their masks on correctly.

On 6/13/22 at 3:25 p.m., the Director of Nursing provided a current copy of the document

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September 2, 2022.

**R 407 410 IAC
16.2-5-12(b)(1-4) Infection Control Noncompliance**

While all residents have the potential to have been exposed to a communicable disease through improper wearing of masks, no
resident were identified as being negatively affected by two staff members
alleged to not wearing a face mask properly.

Leadership completed a review of 100% of infections
within the community for the prior 30 days.

	titled "Name of Facility) dated March 1, 2021. It included, but was not limited to, "Policy...The community must establish and maintain an infection control program designed to provide a safe...environment and to help prevent the development and transmission of disease and infection...." On 6/14/22 at 10:39 a.m., the Executive Director provided a current copy of the document titled "Isolation/Transmission Based Precautions" dated 7/2021. It included, but was not limited to, "Policy...The community shall implement isolation precautions...Transmission-Based Precautions are intended to prevent transmission of infectious agents...Masks...A mask that covers both the nose and the mouth...A facial mask is worn by personnel to provide protection...." This State tag relates to Complaint IN00378809 Based on observation and interview, the facility failed to ensure staff donned appropriate personal protective equipment related to proper face mask usage for 2 of 5 staff observed related to infection. Findings include: On 6/13/22 at 4:16 p.m.., during the dinner meal service, the		No infections were found to be tied to improper wearing of face masks within the community. Leadership has educated/counseled the identified staff on proper face mask usage. All staff members were provided education regarding proper face mask usage. Additional educational signage will be placed throughout building on proper mask usage. (See attached) Executive Director or designee will audit 10% of staff members per week for 4 weeks to ensure proper mask usage, 5% of staff members per week for 6 additional weeks to ensure proper mask usage. All staff found not properly using face masks will be provided education at the time of audit. (See attached)	

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	prevent transmission of infectious agents...Masks...A mask that covers both the nose and the mouth...A facial mask is worn by personnel to provide protection...." This State tag relates to Complaint IN00378809			

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