STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/20/2025

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 Intake IN00464990. Intake IN00464990 - State deficiency related to the allegations is cited at R0148. Survey date: October 20, 2025 Facility number: 014166 Residential Census: 125 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed on October 24, 2025.	R 0000		
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	R 0148	Hellenic Senior Living of New Albany **Provider Number:** 014166 **Survey Date:** October 20, 2025 **Tag Number:** R0148	11/26/2025

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, record review, and interview, the facility failed to ensure the building was maintained in good repair and free from hazards for 3 of 6 residents reviewed for Sanitation and Safety Standards. (Residents F, E, and D)

Findings include:

1. During an observation on 10/20/25 at 9:15 a.m., Resident F's room had a strong chemical smell; and no baseboard in the kitchen, bathroom ,and the living room.

The service plan note for

Regulation: 410 IAC 16.2-5-1.5(e)(1-4) – Sanitation and Safety Standards

Completion Date: *11/26/2025*

PLAN OF CORRECTION

Deficiency Cited:

The facility failed to ensure the building was maintained in good repair
and free from hazards for three of six residents reviewed (Residents F, E, and
D), as evidenced by:

- Missing baseboard trim and
persistent odor in Resident F’s apartment following water damage.
- A cracked toilet with a towel
wrapped around its base in Resident E’s apartment.
- Black, spotty areas around vents
in Resident D’s

Resident F, dated 5/13/25 at 1:52 p.m., indicated at approximately 2:00 a.m., staff were notified of a significant water leak originating from the ceiling in the first-floor laundry room. Upon immediate investigation, it was determined that 3 rooms were affected.

During an interview and observation, on 10/20/25 9:30 a.m., Resident F indicated in April 2025 his room flooded due to his sink being stopped up. He was out of the facility that weekend and did not realize it when he left. Due to the flooding, he had mold growing. A company did come in and treated the mold with a chemical. During an observation at that time, the trim in the resident's apartment was missing the baseboard trim in the kitchen, bathroom and part of the living room. The drywall at the base had holes approximately 3 inches apart from where the company drilled and applied the treatment. The resident indicated he had not had trim since April 2025. His apartment had a strong smell of chemicals or a moldy musty smell. He had to run a fan all the time and kept the windows open due to the odor.

During an interview, on 10/20/25 at 10:00 a.m., the Maintenance Director indicated Resident F's room had to have all of the apartment.

1. Corrective Action for Affected Residents

- **Resident F:** All baseboard trim in kitchen, bathroom, and living room will be replaced on *by 11/26/2025* The drywall areas with treatment holes will be repaired and repainted. Air purification and deodorization will be completed, and a follow-up inspection will done to confirm the odor has been eliminated.
- **Resident E:** The toilet will be replaced by 11/07/2025 The bathroom flooring and baseboards will be sanitized and inspected for moisture damage.
- **Resident D:** All vents in the apartment will be cleaned and

	baseboard trim replaced because it was in a pile and it could no longer be used. He wasn't sure where the strong odor was coming from. 2. During an observation on 10/20/25 at 9:20 a.m., Resident E had a towel wrapped around the base of the toilet. The bowl of the toilet had a crack down to the base, and the towel was wet. During an interview, on 10/20/25 at 9:46 a.m., the Maintenance Director indicated Resident E's toilet needed to be replaced and a new one would need to be ordered. 3. During an observation on 10/20/25 at 9:25 a.m., Resident D's vents in the living room, bedroom and bathroom had black spotty areas around areas of all the vents. During an interview, on 10/20/25 at 9:45 a.m., the Maintenance Director indicated he was not aware of the mold on the vents in Resident D's apartment. It was probably on the work list, and his assistant was working his way down the list. When the problem was fixed, he would mark off the repair as done. When a resident had an issue with their apartment, they would inform the secretary at the front desk, made out a work order and then the secretary would		disinfected with no visible buildup remaining. The HVAC unit will be serviced and filters replaced **2. Identification of Other Residents Potentially Affected** • A full building inspection has been conducted from *10/23/2025*through *10/28/2025*by the Maintenance Director to identify any additional areas of disrepair, odor, plumbing issues, or ventilation buildup. • No other resident apartments were found to have similar issues. • Preventive maintenance reports will be reviewed to confirm timely follow-up on open work orders.	

give the work order to him.

During an interview, on 10/21/25 at 1:00 p.m., the Director of Nursing (DON) indicated he did not know about the issues with the resident's apartments. He just dealt with the nursing staff.

This citation relates to Intake IN00464990.

Based on observation, record review, and interview, the facility failed to ensure the building was maintained in good repair and free from hazards for 3 of 6 residents reviewed for Sanitation and Safety Standards. (Residents F, E, and D)

Findings include:

1. During an observation on 10/20/25 at 9:15 a.m., Resident F's room had a strong chemical smell; and no baseboard in the kitchen, bathroom ,and the living room.

The service plan note for Resident F, dated 5/13/25 at 1:52 p.m., indicated at approximately 2:00 a.m., staff were notified of a significant water leak originating from the ceiling in the first-floor laundry room. Upon immediate investigation, it was determined that 3 rooms were affected.

During an interview and observation, on 10/20/25 9:30

3. Measures/Systemic Changes to Prevent Recurrence

- The Maintenance Director revised the **Preventive Maintenance Program** to include:
  - Weekly walkthroughs of all common areas and 10% of resident apartments on a rotating basis.
  - Immediate documentation and prioritization of repair requests in the electronic maintenance log.
  - Verification of completion and sign-off by both Maintenance Director and Executive Director.
- A new **communication protocol** was implemented:

	a.m., Resident F indicated in April 2025 his room flooded due to his sink being stopped up. He was out of the facility that weekend and did not realize it when he left. Due to the flooding, he had mold growing. A company did come in and treated the mold with a chemical. During an observation at that time, the trim in the resident's apartment was missing the baseboard trim in the kitchen, bathroom and part of the living room. The drywall at the base had holes approximately 3 inches apart from where the company drilled and applied the treatment. The resident indicated he had not had trim since April 2025. His apartment had a strong smell of chemicals or a moldy musty smell. He had to run a fan all the time and kept the windows open due to the odor. During an interview, on 10/20/25 at 10:00 a.m., the Maintenance Director indicated Resident F's room had to have all of the baseboard trim replaced because it was in a pile and it could no longer be used. He wasn't sure where the strong odor was coming from. 2. During an observation on 10/20/25 at 9:20 a.m., Resident E had a towel wrapped around the base of the toilet. The bowl of the toilet had a crack down to the base, and the towel was		• The receptionist will forward all maintenance work orders directly to the Maintenance Director and Executive Director via email to ensure visibility. • Nursing and housekeeping staff will report observed environmental issues during daily rounds. • **Monthly environmental safety audits** will now be completed jointly by the Maintenance Director, and Executive Director. • **Staff training** on reporting environmental hazards was held on *[insert date]*, emphasizing the importance of immediate reporting of leaks, odors, or visible mold. • The HVAC system will be scheduled for **quarterly filter changes and bi-annual professional cleaning** going forward.	

wet.

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During an interview, on 10/21/25 at 1:00 p.m., the Director of Nursing (DON) indicated he did not know about the issues with the resident's apartments. He just dealt with the nursing staff.

This citation relates to Intake IN00464990.

4. Monitoring to Ensure Ongoing Compliance

- The Executive Director or designee will conduct **weekly follow-up inspections** for the next 3 months to verify all resident apartments remain in good repair.
- Any findings will be logged and corrected within 48 hours.
- The Maintenance Director will submit a **monthly maintenance summary report** to the Executive Director
- The **Maintenance Director and the Executive Director**will review maintenance compliance trends quarterly and adjust procedures as needed to prevent recurrence.

			Chris Shoemaker, Executive Director	

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 SIGNATUREChris Shoemaker	TITLEExecutive Director	(X6) DATE10/29/2025