STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF MISHAWAKA	1540 SOUTH LOGAN STREET, MISHAWAKA, , 46544

(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 a Post Survey Revisit (PSR) to the PSR to the Investigation of Intake IN00463236 completed on 9/3/2025. Intake IN00463236 - Not corrected. Survey dates: November 3, 2025 Facility number: 014224 Residential Census: 115 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 11/14/2025. This visit was for a Post Survey Revisit (PSR) to the PSR to the Investigation of Intake IN00463236 completed on 9/3/2025.	R 0000		

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R 0144	Sanitation and Safety Standards - Deficiency 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, record review and interview, the facility failed to ensure facility room doors, public toilets and a shower room ceiling were clean, functional and in good repair on 3 of 3 halls and in the hall adjacent to the main dining room area. (100, 200 and 300 halls) Finding includes: During an interview with the Executive Director, on	R 0144	1.Corrections from previous time frames cannot be made. No residents were affected by this alleged deficient practice. 2.All residents could have been affected, however in this case no residents were affected. 3. The following procedures have been put into place to oversee correction of current issues. Training provided to new MD on Hellenic Policy and Procedure for Manual for Department. a) Kick Plates sent to outside company to be cut down to size.	12/31/2025

	11/3/2025 at 9:30 A.M., she indicated the facility had made progress with environmental concerns. She indicated the facility had obtained three quotes for the plumbing issues, kick plates had been installed in part of the first floor and the water leakage from room 214 into room 114 had been identified to have been caused because the shower was not long enough to contain the shower water in room 214. She indicated the shower ceiling in room 114 had been cut out. During a tour of the facility, conducted on 11/3/2025 from 9:35 A.M. to 10:05 A.M., the following was observed: -The hallway entrance doors to rooms 214, 224, 303. 329, 330, 331, 333, and 334 were observed to have significant gouges, black scuff marks, and missing paint. -The men's restroom on the first floor across from the dining room had a sign posted, "Out of Order". Inside the restroom the handicapped toilet had toilet tissue and feces on it. -The women's restroom on the first floor across from the dining room had a sign posted on the door that indicated, "temporarily out of order until further notice". The left sink in the restroom did not have any running water. The		Will install on all doors once Kick Plates are returned to facility. ED and MD will monitor installation of Kick Plates using Kick Plate Audit. (Doc 1) b) Resident in room 214 moved to room 219 after shower curtain replaced and leak not completely repaired. Plumbing is scheduled to be repaired on 12/12/25, after plumbing is repaired room 114 ceiling to be replaced. c) Plumbers scheduled to be in facility on 12/11 to correct plumbing issues in 1st floor bathrooms. (Plumbing complete bathrooms open and in good working order). Housekeeping to follow cleaning schedule to ensure bathrooms remain clean and in good working order. 4. ED and MD will monitor the progress of all the 3 of the above-cited situations for continued progress and completion. This will continue on-going until completed.	

handicapped toilet had been removed from the floor plumbing and had feces smeared on the side of toilet seat.

-The shower in room 114 was observed to have a 24" by 24" opening of drywall cut from the ceiling. The opening was square in shape. The shower had multiple brown circular stains in various sizes on the shower floor.

During an interview, on 11/3/2025 at 9:45 A.M., Housekeeper 2 indicated the women's restroom was in working order and the "out of order" sign had not needed to have been posted. She indicated she could not clean the men's handicapped toilet because to the toilet would not flush.

During an interview, on 11/3/2025 at 11:15 A.M., the Maintenance Director indicated he was completing the installation of the kick plates to the resident room doors as quickly as possible. He indicated the kick plates were too large for the resident doors and he had to cut three-eighths of an inch off of each side of the kick plates before he could install them. He indicated he had obtained three quotes for the plumbing issues and was calling the plumbing company today to have the facility placed

on the schedule for the repairs. He indicated the ceiling in room 114 would be fixed as soon as the shower curtain for room 214 was replaced. He indicated the Executive Director was going to replace the shower curtain.

During an interview, on 11/3/2025 at 11:21 A.M., the Executive Director indicated there was no timeline for the installation of the kick plates for the damaged resident doors to be replaced. She indicated the Maintenance Director completed about 2-3 doors per day if he had nothing else to complete for the facility. She indicated she had hoped the restroom plumbing for the men and women's restrooms would be completed by the end of the year. She indicated the facility had obtained two plumbing quotes in the first week of October and a quote in the third week of October and the corporate office had approved a quote for the plumbing repairs. She indicated she needed to check with the resident in room 214 to see if the resident had replaced her shower curtain. She indicated if the resident in room 214 had not obtained a longer shower curtain, the facility would replace the shower curtain.

On 11/3/2025 at 11:51 A.M., the Executive Director provided an Environmental Services

	Program policy. The policy indicated, " ...Interior Maintenance: Interior Painting ...Policy ...The Interior painting must be assessed and monitored regularly by the ED [Executive Director] and ESD [Environmental Service Director]. It is the responsibility of the maintenance department to assure all common areas in the community are free of scuff-marks, damage to walls, trim, doors, etc .... On 11/3/2025 at 11:51 A.M., the Executive Director provided the policy, "Hellenic Senior Living Policy and Procedure Manual, Resident Rights," dated 9/30/2022. The policy indicated, "...This community seeks to provide each of our resident an environment in which he or she can feel valued and fulfill his or her purpose. In order to create this environment, this community has committed to honoring the rights of each resident...Each associate will take on the role of advocate within the community for the resident to work to ensure that his or her tights are recognized daily as care and services are required...Residents have the right to a dignified existence..."			

This deficiency was cited on 7/16/2025 and 9/5/2025. The facility failed to implement a systemic plan of correction to prevent recurrence.

This citation relates to Complaint IN00463236.

Based on observation, record review and interview, the facility failed to ensure facility room doors, public toilets and a shower room ceiling were clean, functional and in good repair on 3 of 3 halls and in the hall adjacent to the main dining room area. (100, 200 and 300 halls)

Finding includes:

During an interview with the Executive Director, on 11/3/2025 at 9:30 A.M., she indicated the facility had made progress with environmental concerns. She indicated the facility had obtained three quotes for the plumbing issues, kick plates had been installed in part of the first floor and the water leakage from room 214 into room 114 had been identified to have been caused because the shower was not long enough to contain the shower water in room 214. She indicated the shower ceiling in room 114 had been cut out.

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-The men's restroom on the first floor across from the dining room had a sign posted, "Out of Order". Inside the restroom the handicapped toilet had toilet tissue and feces on it.

-The women's restroom on the first floor across from the dining room had a sign posted on the door that indicated, "temporarily out of order until further notice". The left sink in the restroom did not have any running water. The handicapped toilet had been removed from the floor plumbing and had feces smeared on the side of toilet seat.

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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 SIGNATURESarah Robinson	TITLE12/22/2025	(X6) DATE12/22/2025