STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF ELKHART	2528 BYPASS ROAD, ELKHART, , 46514

(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 State Licensure Survey. This visit included investigations of intake 469543. Intake 469543 - No deficiencies related to the allegations are cited. Survey dates: May 6, 7 and 8, 2026 Facility number: 014241 Residential Census: 96 These State Residential Findings are cited in accordance with 410 Indiana Administrative Code (IAC) 16.2-5. Quality review completed May 11, 2026	R 0000		
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean,	R 0144	**Plan of Correction** **Regulation:** 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards	05/12/2026

	orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to ensure safe handling of chemicals. 96 of 96 residentsresided in the facility. Findings include: During an observation, on May 6, 2026 at 9:45 AM, two doors on the second floor were propped open with chemicals sitting in an open cardboard box. There was no supervision in the area to prevent resident access to the chemicals. In an interview, on May 6, 2026 at 9:50 AM, QMA 3 indicated the facility does not usually prop the door open, it should always be closed to prevent resident access to the chemicals. 410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(2)		**Tag:** R 144 The facility acknowledges the findings related to the unsecured chemicals observed on the second floor on May 6, 2026. The facility has taken immediate corrective action to ensure resident safety and prevent recurrence. 1. **Corrective Action for Residents Affected:** Immediately upon discovery, the chemicals were removed from the open cardboard box and secured in the designated locked storage area. The propped doors were closed and secured to prevent resident access to hazardous materials. 2. **Identification of Other Residents Potentially Affected:** All 96 residents residing in the facility had the potential to be affected by the deficient practice involving unsecured chemicals. 3. **Measures Put Into Place to**	

			Prevent Recurrence: . All staff were immediately re-educated on the facility's chemical storage and safety policies, including the requirement that all chemical storage areas remain locked and inaccessible to residents at all times. . Staff were instructed that doors to housekeeping and storage areas may not be propped open under any circumstances unless directly supervised. . Department managers will conduct routine environmental rounds to monitor compliance with chemical storage and safety procedures. . The facility reinforced expectations regarding resident safety and hazardous material handling during staff meetings and shift huddles.	

			4. **Monitoring Plan:** . Environmental and safety audits will be completed daily for two weeks, then weekly for four weeks, then monthly for five months to ensure chemicals are properly secured and storage doors remain closed and locked. . Audit results will be reviewed by the Executive Director or designee. . Any identified concerns will be corrected immediately, and additional education or disciplinary action will be provided as warranted. 5. **Date of Compliance:** The facility alleges compliance as of May 6, 2026.	
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6)	R 0246	Deficiency ID: R 246 Plan of Correction	05/12/2026

	(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on record review and interview the facility failed to ensure nurse permission prior to administration of as needed medication for 1 of 5 residents reviewed. (Resident 6) Findings include: Resident 6's record review began on 5/6/26 at 11:02AM. Diagnosis included schizoaffective disorder, dementia, and diabetes. Resident 6 had a physician's order for Tramadol 50mg give 1 tablet every 6 hours as needed for pain, dated 10/1/25. A review of progress notes indicated Tramadol 50mg was given on the following dates and times by QMA's (Qualified Medication Assistant's) without a licensed nurse verification or authorization documented:		What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Training was conducted on 5/20/2026 and 5/21/2026 for all QMAs and Insulin Certified QMAs reviewing the following: Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding QMA administration of PRN medications: 410 IAC 16.2-5-4(e)(6); Hellenic Senior Living Policy and Procedure 26-PRN 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. (copy training 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; Community nurse will review medication administration record for all PRN medications administered and confirm documented confirmation from QMA that nurse was contacted	

	3/22/26 at 8:25AM 3/27/26 at 8:56AM 3/30/26 at 7:58PM 4/2/26 at 1:56PM 4/3/26 at 8:39AM 4/4/26 at 11:04AM 4/5/26 at 9:38PM In an interview, on 5/7/26 at 9:47AM, the Administrator indicated QMA's should always call the nurse for permission to give as needed (PRN) medications. The permission to give any as needed medication should be documented in the resident's progress notes. Permission comes from the Director of Nursing or a nurse on staff at a sister facility. In an interview, on 5/7/26 at 12:14PM, QMA 2 indicated to give as needed medication they call their sister facility to get approval from a nurse to give the medication and document the approval in the resident progress notes. A current policy and procedure was provided by the Administrator on 5/7/26 at 2:40PM. The policy titled, "PRN Medication Administration" dated 12/4/25 updated 5/1/26. The policy indicated, 1.		and permission to administer was given, including the time of contact What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Current Staff: Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding QMA administration of PRN medications: 410 IAC 16.2-5-4(e)(6); Hellenic Senior Living Policy and Procedure 26- PRN 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 All new hire QMA and insulin Certified QMA will receive training during orientation on Qualified Medication Aide Scope of Practice; Indiana State Department of Health Residential Regulations regarding QMA administration of PRN medications: 410 IAC 16.2-5-4(e)(6); Hellenic Senior Living Policy and Procedure 26- PRN Medication Administration; Hellenic Senior Living Training -QMA with all items listed above with signature of QMA and Insulin Certified QMA acknowledging	

	Qualified Medication Aid will obtain permission from a licensed nurse prior to administration a PRN medication and document the date, time and name of the nurse giving permission in the electronic charting system.		they received training and understand all training given Community nurse will review medication administration record for all PRN medications administered and confirm documented confirmation from QMA that nurse was contacted and permission to administer was given, including the time of contact. 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; Community nurse will review medication administration record for all PRN medications administered and confirm documented confirmation from QMA that nurse was contacted and permission to administer was given, including the time of contact every day for 30 days, then once weekly for 4 weeks, then reviewed monthly for 6 months. By what date the systemic changes will be completed. 05/22/2026	
R 0356	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(i)(1-8) (i) A current emergency information file shall be immediately accessible	R 0356	Deficiency ID: R 356 What corrective action(s) will be accomplished for those residents found to have been	05/12/2026

	for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available. Based on interview and record review, the facility failed to maintain current information in the emergency file book related to advance directives for 1 of 3 residents reviewed (Resident 10). Findings include: During a review of the		affected by the deficient practice; Community nurse and Regional Director of Clinical Services completed an audit of all current resident’s code status in both emergency binder and electronic charting system. No other residents in the community were found to be missing code status in Emergency Binder. 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; Community nurse and Regional Director of Clinical Services completed an audit of all current resident’s code status in both emergency binder and electronic charting system. No other residents in the community were found to be missing code status in Emergency Binder. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Within 24 hours of physical admission each resident’s code status will be entered in the electronic charting system that will be printed off on the resident’s Face Sheet and	

	emergency file book on 5/6/2026 at 12:10 PM, Resident 10 did not have a code status available in the emergency file book. A review of Resident 10's physician orders indicated Resident 10 did not have a physician order for her advance directive. In an interview, on 5/6/2026 at 1:00 PM, the Administrator indicated the advance directive was not in the file. The Administrator indicated the facility had a signed Physician Order for Scope of Treatment (POST) for Resident 10, however, the facility had not entered an order for Resident 10's advance directive. In an interview, on 5/8/2026 at 9:49 AM, the Administrator indicated the facility did not have a policy for maintaining the emergency file book.		placed in the emergency binder. The PCC Admission Audit Form (attached) that includes ancillary order entered for code status and Face Sheet printed off and placed in emergency binder will be required to be completed for all admissions beginning 5/20/2026. 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 The PCC Admission Audit Form will be signed off on by the nurse showing code status was entered into Electronic Charting System and Face Sheet that includes code status was printed off and placed in Emergency Binder. The Executive Director will provide a 2nd check that the face sheet includes the code status and was placed in the emergency binder and acknowledgment of second check will be provided as second signature of the PCC Admission Audit Form. The completed PCC Admission Audit Form signed by both community nurse and executive director acknowledging residents code status was	

			entered and face sheet was printed off and placed in Emergency Binder will be uploaded to PCC misc. tab. This will occur for all residents at time of admission indefinitely. By what date the systemic changes will be completed. 5/20/2026	

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 SIGNATURELinsey Fitterling	TITLEExecutive Director	(X6) DATE06/09/2026