STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON SENIOR LIVING	6021 S ARLINGTON AVENUE, INDIANAPOLIS, , 46237

(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 Residential Licensure Survey. This visit included the Investigation of Intake 468500. Intake 468500 - No deficiencies related to the allegations are cited. Survey dates: April 21 and 22, 2026 Facility number: 015486 Residential Census: 131 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 27, 2026.	R 0000	Submission of this plan of correction shall serve as credible evidence of substantial compliance with the alleged deficiency. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain	R 0148	1. No residents were affected by the alleged deficiency. 2. 13 self-ambulating residents had potential to	05/08/2026

	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, interviews, and record review, the facility failed to ensure potentially hazardous materials were kept secure and behind locked doors to prevent resident's access to the materials for 1 of 1 observations. An unidentified medication was on the floor of the Memory Care Unit. Finding includes: During the initial tour on 4/21/26 at 9:36 a.m., the Memory Care Unit was observed. In middle of		be affected by the alleged deficient practice. 3. Maintenance Director will in-service housekeeping aides on common area cleaning standards. 4. Maintenance Director or designee will audit Memory Care common area cleaning daily for one month, then once a week for one month, then once a month for three months. Audit results will be reviewed by Executive Director or designee for compliance. 5. Change will be completed on or before May 8, 2026.	

	the unit was a small putting green for golf and lying on the putting green was a single light orange medication tablet with partial removal of the orange outer coating. During an interview at that time, the Director of Nursing indicated that the medication tablet should not have been on the floor. The Director of Nursing indicated that this had the potential to affect 13 of 14 cognitively impaired self-ambulatory residents residing on the unit. On 4/22/26 at 9:30 a.m., the Administrator presented a undated policy titled, Health Services- Systems, and indicated that the policy is currently being observed by the facility. A review of the policy indicated, Medication Storage, " ...Meet regulations, if any apply (for medication storage, fire safety, etc.) ..."			
R 0187	Physical Plant Standards - Deficiency 410 IAC 16.2-5-1.6(k) (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees	R 0187	1. No residents were affected by the alleged deficiency. 2. Residents in 4 of 19 apartments had potential to be affected by the alleged deficient practice. 3. Maintenance Director or designee will test water temperature in random apartments. Adjustments to plumbing will be made	05/08/2026

	Fahrenheit. Based on observation, interview, and record review, the facility failed to ensure water temperatures were maintained between one hundred (100) degrees Fahrenheit and one hundred and twenty (120) degrees Fahrenheit for 4 of 19 resident apartments reviewed. Finding includes: 1. During a facility tour with the Director of Maintenance on 4/21/26 at 1:06 p.m., Apartment 315's kitchen sink's hot water temperature was observed to be 122 degrees Fahrenheit (F). 2. During a facility tour with the Director of Maintenance on 4/21/26 at 1:08 p.m., Apartment 316's kitchen sink's hot water temperature was observed to be 125 degrees Fahrenheit (F). 3. During a facility tour with the Director of Maintenance on 4/21/26 at 1:12 p.m., Apartment 321's kitchen sink's hot water temperature was observed to be 126 degrees Fahrenheit (F). 4. During a facility tour with the Director of Maintenance on 4/21/26 at 1:18 p.m., Apartment 309's kitchen sink's hot water temperature was observed to be 123 degrees Fahrenheit (F). During an interview on 4/21/26		if temperatures are outside range. 4. Maintenance Director or designee will audit water temperatures in random apartments weekly for one month then monthly for four months to ensure that regulation is met. Audit results will be reviewed by Executive Director or designee for compliance. 5. Change will be completed on or before May 8, 2026.	

	at 1:06 p.m., the Director of Maintenance indicated that the water temperatures were to be between 100 degrees Fahrenheit and 120 degrees Fahrenheit (F). During an interview on 4/21/26 at 1:55 p.m., the Administrator indicated that the facility requirements for hot water temperatures ranged from 101 to 120 degrees Fahrenheit (F). On 4/22/26 at 8:10 a.m., the Administrator provided an undated copy of the Administration-Safety, Water Temperatures Policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...The Executive Director or designee is responsible for monitoring and maintaining safe water temperatures in resident areas...Requirements, Hot water temperature for all bathing and hand-washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit..."			

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	TITLEExecutive Director	(X6) DATE05/10/2026

SIGNATUREJerrilynn Morehous		