

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2025	
NAME OF PROVIDER OR SUPPLIER  WELLINGTON AT SOUTHPORT THE				STREET ADDRESS, CITY, STATE, ZIP COD 7212 US HWY 31 S INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 17, and 18, 2025</p> <p>Facility number: 003283</p> <p>Residential Census: 49</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 24, 2025.</p>			R 0000			
R 0148  Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure potentially hazardous materials were kept secure behind locked doors to prevent resident access for 1 of 2 days of the survey.</p> <p>Finding includes:</p> <p>On 2/17/25 at 10:42 a.m., the Mechanical Room/Electrical Room door across from Room 17 and to be unlocked with no staff in the immediate area. In the room, four electrical panels were observed to be unlocked with a sign that indicated Danger High Voltage. A handheld sprayer with an unknown liquid and a 15 oz (ounce) plastic bag that contained 20 blocks of rodent poison was observed in the room.</p> <p>On 2/17/25 at 10:48 a.m., the Beauty/Barber Shop was observed to be unlocked. Inside the</p>			R 0148	<p>This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Wellington at Southport as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule</p>		03/05/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Trish

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03/21/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Beauty/Barber Shop, the following was observed:</p> <ul style="list-style-type: none"> <li>- One - 12 oz spray can of Got 2 Be Glued blasting freeze spray,</li> <li>- One - 7 oz spray bottle of Coconut Milk Detangle Elixir,</li> <li>- One - 6 oz, plastic tube of Hairitage Curl Crème,</li> <li>- One - 16 oz Eco Style Arapan oil styling Gel,</li> <li>- One - 8.25 oz plastic bottle of Color Lux purple color cleaning conditioner,</li> <li>- One - 4 oz tube of Violet Semi Permanent Creations,</li> <li>- One - 19 oz spray can of Glass Cleaner</li> <li>- A plastic container with several combs soaking in a clear solution with unidentified white/gray slimy substance on them.</li> <li>- A small pair scissors and a razor.</li> <li>- A bottle of 91 percent isopropyl alcohol.</li> </ul> <p>During an interview on 2/17/25 at 11:03 a.m., the Executive Director indicated that the mechanical room and beautician room doors should have been closed and locked.</p> <p>On 2/17/25 at 2:05 p.m., the door to the Maintenance Director Room was observed to be unlocked with no staff in the immediate area. In the room, multiple power tools, CLR (Calcium, Lime, Rust) Cleanser, and Spray Adhesive, and two ladders that were leaned up against the wall were observed.</p> <p>During an interview on 2/17/25 at 2:08 p.m., the Maintenance Director indicated that the Maintenance office door should have been locked.</p> <p>On 2/18/25 at 7:45 a.m., the Administrator provided a copy of the Maintenance Operations Manuel dated 8/2023, and indicated it was the current document in use by the facility. A review</p>				<p>407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>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;</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>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; and</p> <p>By what date the systemic changes will be completed.</p>		

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	of the policy indicated, electrical mechanical room areas: are supplies labeled and stored properly and is the door locked when not supervised.				R148 The community reviewed all doors that have hazardous materials and electrical systems behind them. All with hazardous materials and electrical systems behind them locks have been changed to storeroom locks. Department heads check doors daily to ensure they are locked. Systematic changes were completed on 3/5/2025		