STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	09/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HELLENIC SENIOR LIVING OF NEW ALBANY	2632 GRANT LINE ROAD NEW ALBANY, IN 47150

(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	This visit was for the Investigation of Complaints IN00417364, IN00417719 and IN00418480. Complaint IN00417364 - No deficiencies related to the allegations are cited. Complaint IN00417719 - State deficiency related to the allegations is cited at R0148. Complaint IN00418480 - State deficiency related to the allegations is cited at R0148. Survey date: September 27, 28 and 29, 2023 Facility number: 014166 Residential Census: 115 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on October 2, 2023.	R 0000		
R 0148 Bldg. 00	410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tammy S. Robinson	Executive Director	10/11/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo days 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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	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, interview and record review, the facility failed to ensure resident rooms (Resident D and Resident E) were free of gnats for 2 of 3 room observations; and failed to ensure the building was free of safety hazards related to the hand rail for 3 of 4 observations for building maintenance. Findings include: 1. The clinical record for Resident D was reviewed on 9/29/23 at 12:38 p.m. The diagnoses included, but were not limited to, anxiety, bipolar and insomnia. The progress note, dated 9/13/23 at 3:54 p.m., indicated the Executive Director (ED) visited Resident D's room. The room had been deep cleaned and the resident was made aware to pick up after herself and to throw away old food so bugs did not reoccur. During an observation on 9/28/23 at 10:50 a.m., Resident D was observed sitting in her apartment. There was a fly trap full of gnats to the left of the kitchen cabinets. There were an abundant amount of live gnats all over the soffit, ceiling, cabinets, and sink in the kitchen area; the bathroom and living room were observed with multiple gnats flying around; the bedroom had gnats on the door frame and ceiling. During an interview on 9/28/23 at 10:55 a.m.,	R 0148	**Facility ID: 014166** **Hellenic Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** The Plan of Corrections is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance with this plan of correction as of Oct. 11, 2023. **(R 148) 410 IAC 16.2-5(e)(1-4) Sanitation and Safety Standards-Deficiency** While no residents were negatively affected, an investigation was completed on all units and Inservice held 10/11/2223 with housekeeping on proper communication with work orders by utilize of Tels system that's already in place. **1 Please describe what the facility did to correct the deficient practice.** A Resident D's room was cleaned and sprayed, and chemicals put down drains immediately by housekeeping upon findings of gnats 9/13/23 and reported to Executive Director.	10/20/2023

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	Resident D indicated she reported the gnat issue over a month ago to the ED and her room still had not been sprayed. The ED told her she needed to clean and pick up after herself, however, she had been sick and did not feel up to cleaning. On 9/28/23 at 11:00 a.m., the Director of Nursing (DON) came to the resident's apartment, took pictures and indicated he would get pest control in to spray that day. On 9/29/23 at 11:35 a.m., the Assistant Director of Nursing (ADON) provided a current copy of the document titled "Resident Rights" dated 9/30/22. It included, but was not limited to, "Policy...This community seeks to provide each of our residents an environment in which he or she can feel valued..." On 9/29/23 at 1:45 p.m., the ADON provided a current copy of the document titled "Environmental Services Program" dated March 2021. It included, but was not limited to, "Maintenance of Occupied Apartments...Occupied apartments must be regularly maintained...." 2. The clinical record for Resident E was reviewed on 9/29/23 at 12:54 p.m. The diagnoses included, but were not limited to, anxiety and hypertension. On 9/28/23 at 10:30 a.m., the resident was not in her apartment. During an observation of the resident's apartment on 9/28/23 at 11:04 a.m., with the DON, there were a myriad of live gnats all over the resident's kitchen soffit and ceiling, cabinets, living room and bedroom ceiling, and door frames. The DON indicated he would get ahold of pest control to		Resident was educated by Executive Director 9/13/23 on the importance of keeping open cans of pet food covered instead of laying out on counter, not pouring cat food in floor, and leaving for days no leaving rotten food such as banana's etc., out on counter along with not leaving dishes in dirty sink water for days. Residents were placed on extra services with Purpose Home health. 10/6/23 Resident E's room was sprayed by Black Diamond pest control 9/29/23 for visible gnats and deep cleaned by housekeeping and chemicals placed down drain. Resident educated by Executive Director 10/2/23 of the importance of keeping open cans of pet food covered instead of the importance of leaving out open on counter, and not leaving rotten food such as banana's etc., out on counter along with not leaving dishes in dirty sink water for days and the importance of allowing housekeeping in unit weekly for light housekeeping and not refusing services. Note: Resident E has already been on extra services with Purpose home health. Both units sprayed again by Black Diamond pest control 10/11/23. Resident D & E's units were deep cleaned beyond weekly housekeeping 10/9/23.	

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	spay Resident E's room as well that day. During an interview on 9/29/23 at 1:13 p.m., Resident E indicated she had not reported the gnats as she wanted to get rid of the mold first. The plummer was in two weeks ago today to fix a leak and told the resident there was mold on the backside of her kitchen wall. The gnat problem had been ongoing for approximately 2 months. 3. The clinical record for Resident C was reviewed on 9/29/23 at 12:22 p.m. The diagnoses included, but was not limited to, anxiety and right sided hemiplegia. During an interview on 9/29/23 at 9:55 a.m., Resident C indicated she had concerns of a broken rail in the stairwell that led from the 200 Hall to the 100 Hall. The rail had been broken for at least 6 months. The front door was still broken and had been for some time. Someone could get hurt if the door would slam shut. During an interview on 9/29/23 at 12:20 p.m., Staff Member 4 indicated the rail from the 100 stairwell to the 200 stairwell had been broken for more than a year. An observation on 9/28/23 at 10:02 a.m., indicated upon entering the facility the front entrance right door was observed wide open. An observation on 9/29/22 at 1:22 p.m., indicated the right entrance door was observed wide open. An observation on 9/29/23 at 1:27 p.m., indicated the storage room next to Resident E's kitchen had the dry wall missing. There was rotted wood with mold and dry water stains observed towards the bottom of the inner wall.		Resident E was placed on extra services with Purpose Home health 10/6/23. *B The broken handrail removed 10/11/23, still leaving one as required in the stairwell that led from 200 hall to the 100 hall.* *C The front entrance right door was scheduled for repair 9/25/23 by SMR but the company is still waiting for part. Out of order and caution when using was placed on door.* *Executive Director spoke with company 9/29/23 and part will be in on or before 10/16/23 and door will repair at that time.* *D The storage room behind resident E's unit has a leak repaired and finished cleanup on rotten wood, mold and dry water stains being repaired on or before 10/20/23 due to require by company to dry out before closing hole.* **2 What measures will be put into place or what systemic change will be made to ensure that the deficient proactive does not recure?** A Housekeeping will update direct supervisors through Tels system in the form of a work order if any insects are visible so a determination may be made if outside pest control services are needed or if treatment in house is sufficient.	

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	An observation on 9/29/23 at 1:29 p.m., indicated the right hand rail in the stairwell from the 100 Hall to the 200 Hall, was observed broken and off the wall at the top of the stairs. During an interview on 9/29/23 at 1:31 p.m., Staff Member 3 indicated the hydraulics on the front entrance door had been broken since she started there in June 2023. The door was a hazard for anyone walking through the doors. Staff Member 3 was unaware of the of the broken hand rail in the stairwell or the mold in the 100 Hall storage room next to the laundry. On 9/29/23 at 1:45 p.m., the ADON provided a current copy of the document titled "Environmental Services Program" dated March 2021. It included, but was not limited to, "Door Egress and Ingress...Policy...The door egress/ingress system, including exits...must be regularly checked and maintained....:" This State tag relates to Complaints IN00417719 and IN00418480		Housekeeping will update direct supervisor of any resident refuses weekly housekeeping. *B Tels system will be be utilized for all repairs throughout facility. All staff educated on Tels system 10/11/23.* *C Educated residents to push automatic button instead on pushing through door with electric chair.* *D The new Maintenance Director hired 09/27/23 to help with quicker turnaround on repairs instead of relying on outside services/companies.* **3 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?** All residents are at potential risk for the mentioned deficient practice; however, a review/inspect of (all) residents' rooms will be conducted by the Environmental Director monthly on-going. **4 How will corrective actions be monitored to ensure the deficient practice will not recure? Please explain the criteria or threshold and Quality Assurance Program will be used to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing monitoring of all corrective actions will be done by	

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			HSL management. HSL will review resident rooms monthly and housekeeping will be educated/trained on the importance of keeping HSL informed of any concerns beyond light housekeeping. Correction action will be based on the above criteria in a timely manner and determined by HSL management team. **5 By what date will the systemic changes be completed?** All systemic changes noted will be completed on or before. 10/20/23. *Affective date 9/29/23*	