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	12/18/2024

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 IN00448916, IN00447326, and IN00443987. Complaint IN00448916 - State deficiency related to the allegations are cited at R0036. Complaint IN00443987 - State deficiency related to the allegations are cited at R0036. Complaint IN00447326 - No deficiencies related to the allegations are cited. Survey date: December 18, 2024 Facility number: 014166 Residential Census: 118 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on December 29, 2024.	R 0000	Facility ID 014166 Survey event 48H511 Hellenic Senior Living of New Albany 2632 Grantline Rd. New Albany, Indiana 47150 This 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 January 9, 2025 (R036) 410 IAC 16.2-51.2(k)(1-2) Residents Rights (Deficiency) While no residents were negatively affected, a staff in-service was completed on December 30th 2024 related to proper notifications being made with any significant change of conditions, related to physical, mental, psychosocial status, discontinuance of treatment(s) due to adverse reactions or the need to start new forms of treatment(s) 1.) Please describe what the facility has done to correct the above deficient practice. A) All nursing staff was educated by Director of Nursing that in any event where there is significant change with a resident that all	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
chris shoemaker	AIT	01/14/2025

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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			pertinent individuals within their service plan must be notified. Including but not limited to POA, Family and Physician. 2.) What measures will be put into place or systemic change will be made to ensure the deficiency does not reoccur? A) All nurses and QMAs will either chart (if scope allows) or enter an alert note on chart that proper notifications have been or need to made as soon as possible related to resident change of condition or transfer to hospital. B) Any alert note entered by QMA will be followed up by a licensed nurse to ensure proper charting has been completed and will be competed by nurse. C) Any change of condition(s) will be immediately reported to DON or ADON to ensure pertinent parties are notified of resident changes 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? A) All residents have potential risk for the mentioned deficient practice; however, with staff education and ongoing monitoring by DON and ADON and daily team meetings this should	

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			eliminate any future exemptions. B) A review and inspection of all resident rooms will be conducted by our environmental services director and team monthly. C) Environmental services director will notify families and residents of intent to service any rooms for pests and give direction at that time. If no one is available at time of notification, a notice will be sent out (if applicable time is possible) to resident POA or responsible party by mail or email whichever method is preferable. 4.) How will the corrective action(s) be monitored to ensure there will be no recurrence? Please explain the criteria or threshold and Quality Assurance Program that will be used to determine whether further monitoring will be needed or can be potentially stopped in the future Ongoing monitoring off all corrective action(s) will be completed by HSL management team. Staff will be educated on the importance of notifying HSL Directors and staff of any concerns. Corrective action will be based on that criteria and will be assessed in a timely manner and determined by HSL Management team members. 5.) By what date will the systemic	

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			changes be completed? All systemic changes noted will be in place by 01/20/2025 Effective date / January 9, 2025	
R 0036 Bldg. 00	410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency Based on interview, observation, and record review, the facility failed to ensure a resident's (Resident F) family was notified of a fall with a transfer to the hospital and notification of environmental concerns for 1 of 3 residents reviewed for Resident Rights. Findings include: 1.a. The clinical record for Resident F was reviewed on 12/18/24 at 1:10 p.m. The resident's diagnoses included, but were not limited to, Diabetes Mellitus, Anxiety Disorder, Chronic Pain, and Hypertension. Review of the resident's clinical record lacked documentation of the family notification of the resident's fall and transfer to the hospital on November 26, 2024. During an interview on 12/18/24 at 2:31 p.m., the Administrator indicated the family members were not notified on the night of the resident's fall and that the resident was sent out to the hospital. The	R 0036	Facility ID 014166 Survey event 48H511 Hellenic Senior Living of New Albany 2632 Grantline Rd. New Albany, Indiana 47150 This 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 January 9, 2025 (R036) 410 IAC 16.2-51.2(k)(1-2) Residents Rights (Deficiency) While no residents were negatively affected, a staff in-service was completed on December 30th 2024 related to proper notifications being made with any significant change of conditions, related to	01/20/2025

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	family members should have been contacted by the Qualified Medication Aide (QMA) or CNAs (Certified Nurse Aide). During an interview on 12/18/24 at 4:13 p.m., CNA 2 indicated she was working with Resident F on the night of her fall. She did not contact the family members, and no family members were present at the facility. The resident could not tell them if she had hit her head. During an interview on 12/18/24 at 4:22 p.m., QMA 4 indicated she did not notify the family on the night of the resident's fall. She thought someone would call the family the next day. During an interview on 12/18/24 at 4:24 p.m., the Director of Nursing (DON) indicated Resident F was sent to the hospital after a fall on November 26, 2024. There was a new employee working and she did not realize she could call the family. During an interview on 12/18/24 at 4:26 p.m., CNA 1 indicated she was working the night the resident fell. There were two CNAs working and one QMA. The QMA came into the resident's room and left to call 911. The two CNAs assumed the QMA had called the family members while they stayed with the resident. During an interview on 12/18/24 at 4:30 p.m., Licensed Practical Nurse (LPN) 3 indicated when she came into work, she did not see any documentation of the resident's family members being called on the night of the resident's fall. The QMA working, at the time of the resident's fall, did not understand that she could call the family members. During an interview on 12/18/24 at 4:50 p.m.,		physical, mental, psychosocial status, discontinuance of treatment(s) due to adverse reactions or the need to start new forms of treatment(s) 1.) Please describe what the facility has done to correct the above deficient practice. A) All nursing staff was educated by Director of Nursing that in any event where there is significant change with a resident that all pertinent individuals within their service plan must be notified. Including but not limited to POA, Family and Physician. 2.) What measures will be put into place or systemic change will be made to ensure the deficiency does not reoccur? A) All nurses and QMAs will either chart (if scope allows) or enter an alert note on chart that proper notifications have been or need to made as soon as possible related to resident change of condition or transfer to hospital. B) Any alert note entered by QMA will be followed up by a licensed nurse to ensure proper charting has been completed and will be competed by nurse. C) Any change of condition(s) will be immediately reported to DON or ADON to ensure pertinent parties are notified of resident changes	

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	Resident F's family member indicated on the night of the residents fall no one in the family was notified of the resident being transferred to the hospital. It was not until two days after the transfer before the family was able to locate their family member. 1.b. During an interview on 12/18/24 at 1:10 p.m., the Administrator in Training indicated the facility was in the process of treating resident rooms for pest control. There was an ongoing list of resident room needing pest control inspections for the last two months. The problem started in one resident's area and moved to other rooms. During an interview on 12/18/24 at 2:00 p.m., the Local Pest Control Member 6 indicated they had been in the facility and inspected Resident F's apartment on 12/4/24. The facility was given notice related to the identified pest and the need to treat the resident's apartment. The resident's apartment needed to be prepped for the treatment. If the resident's apartment was not prepped, they would not be able to treat. Once the resident's apartment was prepped the pest control company will be able to treat within two days. Review of the Pest Control Evaluation sheet, dated 12/2/2024, indicated there were live pest activity and the need for pest control treatment. The initial treatment was scheduled for 12/12/2024. The treatment preparation procedure was placed on the resident's door by maintenance staff. During an interview on 12/18/24 at 2:18 p.m., LPN 5 indicated there was a pest control issue in the facility and a local pest control company had been in often. There were several areas with pest concerns.		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? A) All residents have potential risk for the mentioned deficient practice; however, with staff education and ongoing monitoring by DON and ADON and daily team meetings this should eliminate any future exemptions. B) A review and inspection of all resident rooms will be conducted by our environmental services director and team monthly. C) Environmental services director will notify families and residents of intent to service any rooms for pests and give direction at that time. If no one is available at time of notification, a notice will be sent out (if applicable time is possible) to resident POA or responsible party by mail or email whichever method is preferable. 4.) How will the corrective action(s) be monitored to ensure there will be no recurrence? Please explain the criteria or threshold and Quality Assurance Program that will be used to determine whether further monitoring will be needed or can be potentially stopped in the future	

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	During an interview on 12/18/24 at 2:30 p.m., the Maintenance Staff Member 8 indicated he had cancelled the order for treating the resident's apartment by the pest control on 12/11/24. After he walked by the resident's apartment and realized the procedure notice was still taped on the resident's door, and he knew the resident was at the hospital, he canceled the treatment. He did not notify the family to come and prep the resident's apartment. He though it could just wait till the resident returned. The pest control company would have charged the resident for a trip and not been able to complete the treatment. He thought he was saving the resident money. During an interview on 12/18/24 at 2:31 p.m., the Administrator indicated the local pest control company had been treating other residents' apartments since September. Resident F's family members should have been contacted after the pest control staff identified a pest control problem on 12/4/24. If a resident did not have family to help with the preparation for treatment the facility staff would be able to help. The Service Plan Update Note, dated 12/03/24 at 2:18 p.m., indicated the last communication between the facility and the family members was on 12/03/24. The Director of Nursing (DON) spoke with the family member related to the resident's decline and the plan of care. There was no documentation related to the family notification of the need for prepping the resident's apartment for pest control. During an interview on 12/18/24 at 4:50 p.m., Resident F's family member indicated they did not know the resident's apartment needed prepped until after 12/12/24.		Ongoing monitoring off all corrective action(s) will be completed by HSL management team. Staff will be educated on the importance of notifying HSL Directors and staff of any concerns. Corrective action will be based on that criteria and will be assessed in a timely manner and determined by HSL Management team members. 5.) By what date will the systemic changes be completed? All systemic changes noted will be in place by 01/20/2025 Effective date / January 9, 2025	

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	On at 12:01 p.m., the Wellness Director provided a current copy of the document titled "Significant Condition Change & Notification" dated 2/2021. It included, but was not limited to, "Purpose...to ensure that the resident's family...are notified or resident changes such as...An accident...with or without injury...A significant change in the resident's physical, mental...status...Other abnormal assessment findings...." This citation relates to Complaints IN00448916 and IN00443987.			