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	04/21/2025

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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00457636. Complaint IN00457636 - State deficiencies related to the allegations are cited at R0144. Survey dates: April 21, 2025. Facility number: 014166 Residential Census: 121 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 24, 2025.	R 0000		
R 0120 Bldg. 00	410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance Based on record review and interview, the facility failed to ensure staff received in-services for abuse, dementia, and resident rights during the review for 2 of 5 staff records. (CNA 3 and Housekeeping Aide 4) Findings include: During the review of personnel records, on 4/21/25 at 3:15 p.m., the employee records had the following concerns: 1. Certified Nurse Aide (CNA) 3 was hired on 9/14/22. CNA 3's last documented dementia in-service was	R 0120	R120 – Personnel – In-Service Training Deficiencies Deficiency: Facility failed to ensure required annual in-services were completed for abuse, dementia, and residents' rights. • Immediate Corrective Action: Staff identified as deficient (CNA 3, Housekeeping Aide 4) have completed required in-services on abuse, dementia care, and resident rights as of April 28, 2025. • Systemic Changes:	05/20/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris	Shoemaker	04/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	on 9/14/22 with only 45 minutes of dementia training completed. No abuse in-service was documented for 2022. The resident rights in-service, dated 9/4/23, had 1 hour of training completed. The record lacked documentation of annual training on dementia, abuse, and resident rights for the years of 2023 and 2024. 2. Housekeeping Aide 4 was hired on 1/9/19. Housekeeping Aide 4's last documented dementia in-service was on 9/19/21 with only 1 hour of dementia training completed. The housekeeping aide completed a half hour of dementia training on 7/15/22. The resident rights in-service, dated 4/30/21, Housekeeping Aide 4 had 1 hour of training completed. The resident rights in-service, dated 7/15/22, the housekeeping aide had 1 hour of training completed. No abuse in-service was documented for the years of 2021 or 2022. The record lacked documentation of annual training on dementia, abuse, and resident rights for the years of 2023 and 2024. During an interview, on 4/21/25 at 3:36 p.m., the Business Office Manager (BOM) indicated she did not know that annual in-services had to be completed. The Administrator In Training (AIT), indicated staff were to complete in-services annually. During an interview, on 4/21/25 at 4:09 p.m., the AIT indicated there was no staff in-service policy at the facility.		A comprehensive in-service education calendar will be developed annually by the Administrator and Director of Nursing (DON). All new hires will complete mandatory training within 30 days of hire and all employees will complete annual in-services timely. • Monitoring: Business Office Manager will maintain a training log verified monthly by the Administrator to ensure all training is completed. An audit of 25% of employee files will be conducted quarterly for 12 months to verify compliance. • Completion Date: May 20, 2025.	

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R 0144 Bldg. 00	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency Based on observation, record review and interview, the facility failed to ensure a resident's apartment was clean, orderly, and safe for 3 of 6 residents reviewed for sanitary conditions. (Residents B, D, and J) Findings include: 1. The record for Resident B was reviewed on 4/21/25 at 9:00 a.m. The resident's diagnoses included, but were not limited to, benign paroxysmal vertigo, vitamin D deficiency, chronic obstructive pulmonary disease, and repeated falls. The Service Plan, dated 4/18/23, indicated the resident required assistance with cleaning the apartment, dishes and garbage. On 7/26/23, the resident required assistance doing laundry, making his bed, and changing the sheets weekly. During an observation, on 4/21/25 at 9:30 a.m., the resident's apartment had clothing and trash laying throughout the apartment on the floor and furniture. The apartment had a foul odor and was dirty. In the resident's bedroom he had pads laying on the floor with feces on them. The resident appeared to be clean. The resident indicated that staff only cleaned his apartment when he asked, but that didn't happen very often. The resident's clothing was scattered on the floor, and he had a basket of folded clothing in a basket in the middle of the kitchen floor. The resident had cigarettes laying on the television stand out of the package. The nurse's note, dated 4/14/25 at 12:35 p.m., indicated Resident B indicated he had called	R 0144	R144 – Sanitation and Safety Standards – Unclean Apartments Deficiency: Failure to maintain a clean, safe, and sanitary living environment for Residents B, D, and J. • Immediate Corrective Action: Deep cleaning of affected residents' apartments was completed on April 22-23, 2025. Housekeeping staff provided additional immediate cleaning support. • Systemic Changes: Cleaning schedules have been updated to include monthly deep cleans for residents requiring housekeeping assistance, in addition to the standard weekly service. Staff were re-trained on housekeeping policies, resident dignity, and communication protocols. Updated policies clarify that unsanitary conditions must be escalated to nursing and administration. • Monitoring: Maintenance Director, Executive Director, Director of Operations will conduct weekly random audits of 10 resident apartments and report to the Administrator. Any deviation will result in corrective action plans. • Completion Date: May 20, 2025.	05/20/2025

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	dietary a few times and needed his lunch brought to him because he could not walk downstairs. The resident indicated he was blind. The Certified Nursing Aide (CNA) asked the resident if she could do anything else for him and the resident indicated no. The resident acknowledged that his hygiene, room clutter, scattered items, piles of clothing, various food items and drinks were causing odors that needed to be addressed. The nurse's note, dated 1/19/25 at 5:43 p.m., indicated the resident refused to practice daily hygiene. The resident's room was a mess with clean and dirty clothes everywhere. Everything was soiled, including his carpet. When gathering his laundry, he had pieces of feces in his clothing, towels and blankets on the floor. The resident would lay in feces while in bed and cover up his feces with towels or paper. The resident had molded plates with food on them underneath a blanket. The resident smelled like alcohol and had a big bottle of vodka with a quarter of it remaining. During an interview, on 4/21/25 at 1:00 p.m., Housekeeping Aide 4 indicated the resident was a total disaster. She would clean his apartment every Tuesday. The resident would drink all weekend and he was unable to get to the bathroom. She laid pads on the floor to keep the carpet clean due to the residents' feces. The staff would do his laundry every week and hang up his clothes and he would throw them on the floor. She was not supposed to clean up bodily fluids, but she has. A few weeks ago the resident had a horrible nosebleed and blood was everywhere. She had to clean the carpet three times before she got the blood out. During an interview, on 4/21/25 at 1:30 p.m., Administrator In Training (AIT) indicated the			

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	resident's cleaning schedule was taped to their door and would be signed off after the apartment was cleaned. The apartments were cleaned weekly. They did not do any deep cleaning because the residents were responsible for keeping their apartment clean. If a resident was unable to clean their apartment they did not need to be here. 2. The record for Resident D was reviewed on 4/21/25 at 11:52 a.m. The resident's diagnoses included, but were not limited to, peripheral vascular disease, low back pain, constipation, difficulty in walking, unsteadiness on feet, disorder of lipoprotein metabolism, hyperlipidemia, pain in the right foot, severe protein-calorie malnutrition, tobacco use, abnormal result of other cardiovascular function study. The Service Plan, dated 6/26/24, indicated that the resident had a housekeeping focus created on 7/13/22. The interventions for this focus, dated 7/13/22 with revisions on 6/19/24 and 4/21/25, indicated the resident required assistance with cleaning, dishes and garbage as needed. A focus on laundry, dated 7/13/22 and revision on 4/21/25, indicated the resident needed assistance with doing laundry and putting the clean clothes away. The staff also assisted the resident with linen laundry, making the bed, and changing the sheets weekly. During an observation, on 4/21/25 at 10:54 a.m., the resident was sitting in a wheelchair in their apartment watching television. The resident's room had various food and garbage left on the floor. Each counter space was covered with open and unopened snacks, drinks, and packs of cigarettes. Laundry was sitting on the floor and wasn't put away, and there were 8 dirty dishes in			

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	the sink. The apartment had cluttered walkways and presented an increased risk for falling. The trash was overflowing and the resident just started putting garbage in a bucket. The restroom had dirty floors with a caked on yellow substance. The restroom trash can was overflowing with trash and the sink handles were soiled with a dark brown substance. During an interview, on 4/21/25 at 10:59 a.m., the resident indicated that he had to clean his floors. He would sit on the seat of his rollator chair and wheel around in the apartment to vacuum the floors and also had the same routine with mopping the floor. He wished his room was cleaner, but he could not clean it all. During an interview, on 4/21/25 at 12:52 p.m., Housekeeping Aide 4 indicated the resident was offered to have the apartment cleaned weekly. The resident's trash would be emptied daily on Mondays, Wednesdays, and Friday. 3. The record for Resident J was reviewed on 4/21/25 at 12:20 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease with a dependence on supplement oxygen, bipolar disorder, anxiety disorder, dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, hyperlipidemia, hypertension, personal history of transient ischemic attack (tia), and cerebral infarction without residual deficits. The Service Plan, dated 8/7/23, indicated the resident had a housekeeping focus created. The interventions for this focus, dated 8/7/23 with no revisions, indicated the resident required assistance with weekly cleaning, dishes and			

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	garbage as needed. A focus on laundry, dated 8/7/23, indicated the resident needed assistance with doing laundry and putting the clean clothes away. A focus on fall risk was created with an intervention that included keeping the apartment clutter free. During an observation, on 4/21/25 at 11:00 a.m., the resident was sitting in a chair in their apartment watching television. The resident's room had various food and garbage items left on the floor. Each counter space and table was covered with opened and unopened snacks, and drinks. The laundry was sitting on the floor and wasn't put away, and there were 5 dirty dishes in the sink. The apartment had cluttered walkways and presented an increased risk for falling. The trash was overflowing in the kitchen and bathroom. The apartment had cluttered walkways and presented an increased risk for falling. There was an indoor bug zapper above the sink and a fly trap hanging in the kitchen. During an interview, on 4/21/25 at 3:30 p.m., the Director of Nursing (DON) indicated the resident's chart lacked any revisions of the service plan, and the DON could not provide the original service plan. The lease agreement, dated 7/15/22, indicated, "... The facility shall be clean, orderly, and in a state of good repair both inside and out and shall provide reasonable comfort for all residents." The Admission/Service Plan, dated 6/30/23, indicated, but was not limited to, " ...These services are included in your Monthly Service Charge as set forth on the Summary page, and include: ...(b) Chore Services - Services needed to maintain the Resident's Residential Living Unit,			

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	in a clean sanitary and safer environment. (d) Homemaker Services - Services consisting of general household activities, including meal preparation and routine household care. (c) Assistance with eating, bathing, dressing, personal hygiene, and activities of daily living ..." This citation relates to Complaint IN00457636			
R 0147 Bldg. 00	410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency Based on record review and interview, the facility failed to ensure fire drills were completed monthly, and for different shifts for 13 of 16 months reviewed. This had the potential to affect 121 of 121 residents residing in the facility. Findings include: During the review of the Fire Drill Observation Sheets on 4/21/25 at 1:36 p.m., the following drills between January 2024 and April 2025 were completed: - On 7/31/24 at 6:50 a.m., a drill was completed. - On 12/2/24 between 3:30 p.m. and 4:00 p.m., a drill was completed. The fire department was not in attendance. - On 12/6/24 between 10:30 a.m. and 11:00 a.m., a drill was completed. The fire department was not in attendance. - On 12/9/24 between 5:00 a.m. and 5:30 a.m., a drill was completed. The fire department was not in attendance. - On 2/7/25 between 6:15 a.m. and 6:45 a.m., a drill	R 0147	R147 – Community and Safety Standards – Fire Drills Deficiency: Failure to conduct monthly fire drills on different shifts. • Immediate Corrective Action: A fire drill schedule has been created for the remainder of 2025 ensuring drills occur monthly across different shifts. • Systemic Changes: The Administrator or designee will conduct monthly fire drills, documented with time, shift, and staff participation logs. Fire drill policy was developed and implemented on April 25, 2025. • Monitoring: The Administrator will audit fire drill completion monthly and review during Quality Assurance Performance Improvement (QAPI) meetings quarterly. • Completion Date: May 20, 2025.	05/20/2025

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	was completed. The fire department was not in attendance. - On 2/28/25 between 2:20 p.m. and 2:45 p.m., a drill was completed. The fire department was not in attendance. Only December 2024 and February 2025 had fire drills conducted during different shifts. The record lacked documentation of monthly fire drills for January 2024 through June 2024, January 2025 and March 2025. During an interview, on 4/21/25 at 3:36 p.m., the Administrator in Training (AIT) indicated the fire drills had not been conducted as they should have. This was due to the hiring and quitting issues with Maintenance Directors. She did not currently have a Maintenance Director because he had quit. During an interview, on 4/21/25 at 4:09 p.m., the AIT indicated there was no fire drill policy at the facility.			
R 0151 Bldg. 00	410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance Based on observation, interview, and record review, the facility failed to ensure the residents' personal pets had received periodic veterinary examinations and required immunizations yearly. This deficient practice had the potential to affect 4 of 17 resident pets reviewed for immunizations. (Residents K, L, M, and N) Findings include: During the review, on 4/21/25 at 1:30 p.m., of the	R 0151	R151 – Community & Safety Standards – Pet Immunizations Deficiency: Failure to ensure resident-owned pets had up-to-date vaccinations. • Immediate Corrective Action: Residents K, L, M, and N were notified, and veterinary appointments were scheduled or verified. Updated records are now	05/20/2025

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	pet vaccinations and physical exam records for the residents who owned a pet, the following residents' pets were not up to date on annual vaccines and physical exams: 1. Resident K had a dog, who was last seen by a veterinarian for an exam and annual vaccines, including the rabies vaccine, on 12/17/23 and was due for the next visit on 12/17/24. 2. Resident L had a dog, who was last seen by a veterinarian for an exam and annual vaccines, including the rabies vaccine, on 2/19/24 and was due for the next visit on 2/20/25. 3. Resident M had a cat, who was last seen by a veterinarian for an exam and annual vaccines, including the rabies vaccine, on 11/13/23 and was due for the next visit on 11/12/24. 4. Resident N had a cat, who was last seen by a veterinarian for an exam on 3/12/24. The next visit was due 3/12/25. There was no date on the receipt to indicate when the rabies vaccine was last given but was due to be given again on 10/19/24. During an interview, on 4/21/25 at 2:09 p.m., the Administrator in Training (AIT), indicated the residents were supposed to bring her the paperwork when the resident obtained vaccinations for their pets. She was not in charge of monitoring the pet vaccination records and didn't know it wasn't updated. During a second interview, on 4/21/25 at 3:15 p.m., the AIT indicated that what pet vaccines were listed in the book, was what they had on file. The residents had no other documented pet vaccine documents. The frond desk staff were supposed to be keeping up with them.		on file as of April 26, 2025. • Systemic Changes: All pet owners must submit updated veterinary records annually. The receptionist or front desk coordinator will maintain the pet record log and issue reminders 30 days before expiration dates. • Monitoring: Pet vaccination compliance will be reviewed quarterly during the Resident Council meeting and during administrative file audits. • Completion Date: May 20, 2025.	

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	During the review, on 4/21/25 at 3:35 p.m., the current Resident Lease Agreement, included, but was not limited to, "...Pet Rules Attachment to Lease Agreement: ...Type and Number of Pets: The resident is limited to one (1) common household pet per apartment. A pet shall be described as a dog, cat, rabbit or ferret. Residents must annually provide management with documentation of current vaccinations and flea/tick treatment. Restrictions On Any Animal:..4. Must have written certification from a veterinarian that the animal has received all necessary shots and tick/flea treatment. This must be updated annually..."			
R 0214 Bldg. 00	410 IAC 16.2-5-2(a) Evaluation - Deficiency Based on record review and interview, the facility failed to ensure bi-annual evaluations/assessments were being conducted per Admission Agreement for 5 of 8 residents reviewed. (Residents E, F, H, B, and J) Findings include: 1. The record for Resident E was reviewed on 4/21/25 at 2:03 p.m. The resident's diagnoses included, but were not limited to, colostomy, cellulitis, abdominal pain, anemia, heart failure, chronic obstructive pulmonary disease, edema, gastro-esophageal reflux disease, chronic gout, hyperglycemia, hyperlipidemia, and polyosteoarthritis. The resident was admitted to the facility on 11/29/22. The Senior Living Standard Level of Care and	R 0214	R214 – Evaluation – Failure to Complete Biannual Resident Evaluations Deficiency: Failure to conduct semi-annual evaluations for Residents E, F, H, B, and J. • Immediate Corrective Action: All overdue evaluations for cited residents were completed by April 28, 2025. • Systemic Changes: A tracking system for resident evaluations has been implemented within the Electronic Medical Record (EMR) system to generate automatic reminders 30 days prior to due dates. • Monitoring: DON and ADON will audit resident	05/20/2025

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	Service Plans were completed on 10/27/23 and 9/25/24. The record lacked documentation of the admission evaluation/assessment and any other bi-annual evaluations/assessments. 2. The record for Resident F was reviewed on 4/21/25 at 2:03 p.m. The resident's diagnoses included, but were not limited to, bipolar schizoaffective disorder, atherosclerotic heart disease, angina pectoris, asthma, major depressive disorder, hypertension, anxiety disorder, bradycardia, stage 3 chronic kidney disease, chronic pain syndrome, dyspnea, screening for respiratory tuberculosis, gastro-esophageal reflux disease, hyperlipidemia, major depressive disorder, malaise, pain in the right shoulder, noncompliance with medical treatment and regimen, candidal stomatitis, and urinary tract infections. The resident was admitted to the facility on 1/13/24. The Senior Living Standard Level of Care and Service Plans were completed on 3/8/24 and 2/7/25. The record lacked documentation of the admission evaluation/assessment and any other bi-annual evaluations/assessments. 3. The record for Resident H was reviewed on 4/21/25 at 2:03 p.m. The resident's diagnoses included, but were not limited to, insomnia, hypokalemia, shortness of breath, chronic obstructive pulmonary disease with acute exacerbation, difficulty in walking, abnormalities of gait and mobility, unsteadiness on feet, muscle weakness, dysphagia, anemia, type 2 diabetes		assessments monthly to ensure evaluations are completed timely. Any missed evaluations will be immediately corrected. • Completion Date: May 20, 2025.	

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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
	mellitus, morbid obesity, mixed hyperlipidemia, anxiety disorder, hypertension, atherosclerosis of the coronary artery bypass grafts with unstable angina pectoris, acute congestive heart failure, and pneumonia. The resident was admitted to the facility on 10/9/23. The Senior Living Standard Level of Care and Service Plan was completed on 10/9/23. The record lacked documentation of any other bi-annual evaluations/assessments. During an interview, on 4/21/25 at 3:22 p.m., the Director of Nursing (DON) indicated the assessments documented under the Forms tab were the only assessments conducted on each resident. He should keep a calendar of who needed assessments, but he hadn't done that. He just conducted assessments as he felt they were due. Resident H hadn't had an evaluation since 2023. There should have been an evaluation conducted after that initial date. Unfortunately, the resident had passed away this year. 4. The record for Resident B was reviewed on 4/21/25 at 9:00 a.m. The resident's diagnoses included, but were not limited to, benign paroxysmal vertigo, vitamin D deficiency, chronic obstructive pulmonary disease, and repeated falls. The resident was admitted to the facility on 6/22/21. The Senior Living Standard Level of Care and Service Plan, indicated the following the assessment was updated on 7/6/23,10/27/23 and 9/25/24.			

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	04/21/2025

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	The record lacked documentation indicating semi annual assessments were completed in a timely manner. 5. The record for Resident J was reviewed on 4/21/25 at 12:20 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease with a dependence on supplement oxygen, bipolar disorder, anxiety disorder, dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, hyperlipidemia, hypertension, personal history of transient ischemic attack (tia), and cerebral infarction without residual deficits. The resident was admitted to the facility on 8/14/23 originally, but after a short medical leave the resident returned to the facility on 3/17/25. The Senior Living Standard Level of Care and Service Plan was completed on 8/7/23. The record lacked documentation of any other bi-annual evaluations/assessments prior to the medical leave. During an interview, on 4/21/25 at 3:30 p.m., the DON indicated the resident's chart lacked any revisions of the service plan, and the DON could not provide the original service plan. The Admission Packet/Lease Agreement, revised 6/30/23, indicated, "The service plan will be updated when there are changes in service needs and it will be reviewed a minimum of every ninety (90) days. Covered Services listed in the agreement included "Chore Services"- Services needed to maintain the Resident's Residential Living Unit, in a clean, sanitary, and safer environment."			