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	10/19/2022

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 Complaint IN00391745 and IN00391956. Complaint IN00391745 - Substantiated. State deficiencies related to the allegations are cited at R0247 and R0243. Complaint IN00391956 - Substantiated. State deficiencies related to the allegations are cited at R0144. Survey date: October 17, 18 and 19, 2022 Facility number: 014166 Residential Census: 117 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 21, 2022.	R 0000	**Facility ID: 014166** **Hellenic Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of November 5, 2022. **Complaint IN00391745-Substantiated. State deficiencies related to the allegations are cited at RO247 and R0243** **Complaint IN000391956-Substantiated. State deficiencies related to the allegations are cited at R0144.** **IAC 16.2.5-1.5(a) Sanitation and Safety Standard-Deficiency.** While all residents have the potential to have been affected in a negative manner, no resident was identified as being negatively affected by maintenance courtesy assistance not being given timely. **1. Please describe what the facility did to correct the deficient practice.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tammy Robinson	Executive Director	11/11/2022

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			Executive Director and or designee will check Tels system for work orders daily until new Maintenance Director is hired to keep up with (all) work orders in a timely manner. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient practice.** Reviewed Tels system and addressed (all) urgent past due work orders. **3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** New Maintenance director hired with Tels experience. **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** Maintenance Director will check Tels system each morning. **5. For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing, Audit will be completed once a week to review Tels once progress on work orders being	

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			completed timely. **410 IAC 16.2-5-4e(3) Health Services-Deficiency.** While all residents have the potential to have been affected in a negative manner, no resident was identified as being negatively affected by MAR system not being noted properly. **1. Please describe what the facility did to correct the deficient practice.** Inservice held 11/1/22-re-educated (all) LPN's and QMA's on importance of proper documentation and administration of individual's medication and treatment records that indicate. (A) Time; (B) Name of medication or treatment; (C) Dosage (if applicable); and (D) Name or initials of the person administering the drug or treatment. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient practice.** Audit completed 11/1/22 on 118/120 residents to make sure medication showing not signed off from MAR's system (medication administration record) was given per review of role packs and all dx's as needed were included for clinical staff to review.	

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			3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure. Audit will be completed by DON or designee on five residents weekly for six weeks or MAR system (medication administration record) **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** Ongoing by DON to review on computer system for any holes in MAR system (medication administration record) within PCC on desktop. **5. For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing by DON to review on computer system for any holes in MAR system (medication administration record) within PCC on desktop. **410 IAC 16.2-5-4e(7) Health Services-Deficiency.** While all residents have the potential to have been affected in	

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			a negative manner, no resident was identified as being negatively affected by medication error. **1. Please describe what the facility did to correct the deficient practice.** Clinical staff re-educated on the process to protect from medication error. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient practice.** A cart audit was completed on 118/120 resident, role packs reviewed and compared to EMAR system. **3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Educate clinical all clinical staff on following the five rights of administration to protect against medication error. **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** All clinical staff will be In-serviced by DON on Following the five rights of administration **5. For all deficient practice findings, please provide if**	

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			ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped. Ongoing Inservice as needed….	
R 0144 Bldg. 00	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) 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. Based on observation, interview and record review, the facility failed to ensure residents' requests for maintenance assistance were completed timely for 2 of 3 residents reviewed for resident rights. (Residents E and G) Findings include: 1. The clinical record for Resident E was reviewed on 10/18/22 at 2:48 p.m. The diagnosis included, but was not limited to, history of Transient Ischemic Attack (stroke). During an observation on 10/18/22 at 11:20 a.m., a big screen television was observed behind the resident's couch, still in the box. Another large rectangular box was observed on the resident's living room floor, unopened. Resident B indicated the box on the floor was a television stand she had purchased after she admitted to the facility approximately 5 months ago. She had asked the Maintenance Director if he would put the stand together and set up her television. He told her he did not do manual labor and that she needed family to assist her. She had right sided paralysis	R 0144	The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of November 5, 2022. **Complaint IN00391745-Substantiated. State deficiencies related to the allegations are cited at RO247 and R0243** **Complaint IN000391956-Substantiated. State deficiencies related to the allegations are cited at R0144.** **IAC 16.2.5-1.5(a) Sanitation and Safety Standard-Deficiency.** While all residents have the potential to have been affected in a	11/05/2022

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	and only one good arm. She told him her 85 year old mother had cancer and all of her relatives lived out of State so it was just her. He still would not help her. During an interview on 10/19/22 at 2:25 p.m., the Executive Director indicated families generally help residents set up their apartments, however, out of courtesy, maintenance should have assisted with putting the stand together and setting up the television. 2. The clinical record for Resident G was reviewed on 10/18/22 at 3:00 p.m. The diagnoses included, but were not limited to, chronic pain, chronic obstructive pulmonary disease and anxiety. During an observation on 10/18/22 at 11:35 a.m., Resident G was observed sitting in her reclining chair in her apartment. The bottom kitchen cabinet door on the far left and far right were missing. The base cove on the right wall of the bathroom was observed to be pulled away from the wall. The base cove on the wall next to the shower was completely pull away from the wall. The resident indicated she had asked the Maintenance Director if he would put the cabinet doors back on. The Maintenance Director responded by saying why would he put them back on just so she could knock them off again. She asked him multiple times and and also put in a maintenance request. He had told her on several occasions that he did not do manual labor. During an interview on 10/18/22 at 2:25 p.m., the Executive Director indicated she had found a maintenance request for the cabinet doors, dated 6/7/22. On 10/18/22 at 5:25 p.m., the Executive Director		negative manner, no resident was identified as being negatively affected by maintenance courtesy assistance not being given timely. **1. Please describe what the facility did to correct the deficient practice.** Executive Director and or designee will check Tels system for work orders daily until new Maintenance Director is hired to keep up with (all) work orders in a timely manner. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient practice.** Reviewed Tels system and addressed (all) urgent past due work orders. **3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** New Maintenance director hired with Tels experience. **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** Maintenance Director will check Tels system each morning. **5. For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will**	

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	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 and fulfill his or her purpose...." This State tag relates to Complaint IN00391956		**use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing, Audit will be completed once a week to review Tels once progress on work orders being completed timely.	
R 0243 Bldg. 00	410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure medications were administered, as ordered by the physician, for 5 of 7 residents reviewed for medication administration. (Residents B, C, D, F and H) Findings include: 1. The clinical record for Resident B was reviewed on 10/18/22 at 10:54 a.m. The diagnoses included, but were not limited to, bipolar, diabetes, insomnia, anxiety and osteoarthritis. The September 2022 and October 2022 physician orders indicated the resident was to receive the following medications: -Quetiapine (antipsychotic) 600 mg (milligrams) at bedtime -Ropinirole (neuropathy) 4 mg at bedtime	R 0243	**410 IAC 16.2-5-4e(3) Health Services-Deficiency.** While all residents have the potential to have been affected in a negative manner, no resident was identified as being negatively affected by MAR system not being noted properly. **1. Please describe what the facility did to correct the deficient practice.** Inservice held 11/1/22-re-educated (all) LPN's and QMA's on importance of proper documentation and administration of individual's medication and treatment records that indicate. (A) Time; (B) Name of medication or treatment;	11/05/2022

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	-Zolpidem (sleep aid) 10 mg at bedtime -Diazepam (anxiety) 2 mg at 8:00 a.m. and 4:00 p.m. -Tizanidine (muscle relaxer) 4 mg in the morning, midday and bedtime -Gabapentin (neuropathy) 400 mg in the morning, midday, evening and bedtime -Amitriptyline (antipsychotic) 50 mg at bedtime Review of the September 2022 and October 2022 medication administration records indicated the resident did not receive the medications on the following dates and times: -Quetiapine 600 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/15/22 or 10/16/22. -Roprinirole 4 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/15/22 or 10/16/22. -Zolpidem 10 mg at bedtime on 9/1/22, 9/2/22, 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22 - 10/5/22, 10/15/22 or 10/16/22. -Diazepam 2 mg on 9/4/22 at 4:00 p.m., 9/12/22 at 4:00 p.m. or 9/17/22 at 4:00 p.m. -Tizanidine 4 mg on 9/7/22 and 9/8/22 at midday, 9/17/22 and 9/18/22 at bedtime, 9/22/22 at midday, 9/23/22 at bedtime, 9/27/22 and 9/28/22 at bedtime, 10/1/22 - 10/2/22 at bedtime, and 10/15/22 - 10/16/22 at bedtime. -Gabapentin 400 mg on 9/7/22 - 9/8/22 at midday, 9/17/22 - 9/18/22 at bedtime, 9/22/22 at midday, 9/23/22 at bedtime, 9/27/22 - 9/28/22 at bedtime, 9/29/22 at midday, 10/1/22 at evening and bedtime, 10/15/22 - 10/16/22 at bedtime, and 10/17/22 at midday. -Amitriptyline 50 mg at bedtime on 9/17/22 - 9/18/22, 9/23/22, 9/27/22 - 9/28/22, 10/1/22 - 10/2/22, and 10/15/22 - 10/16/22. During an interview on 10/18/22 at 3:17 p.m., the		(C) Dosage (if applicable); and (D) Name or initials of the person administering the drug or treatment. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient practice.** Audit completed 11/1/22 on 118/120 residents to make sure medication showing not signed off from MAR's system (medication administration record) was given per review of role packs and all dx's as needed were included for clinical staff to review. **3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Audit will be completed by DON or designee on five residents weekly for six weeks or MAR system (medication administration record) **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** Ongoing by DON to review on computer system for any holes in MAR system (medication administration record) within PCC on desktop.	

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	Director of Nursing indicated when medications are administered, staff should sign it off on the medication administration record. 2. The clinical record for Resident C was reviewed on 10/18/22 at 4:30 p.m. The diagnoses included, but were not limited to, gout, dementia, obstructive sleep apnea, depression, Parkinson's disease. The September 2022 and October 2022 physician orders indicated the resident was to receive the following medications: -Colchicine 0.6 mg at bedtime -Donepezil (dementia) 10 mg at bedtime -Melatonin (sleep aid) 10 mg at bedtime -Quetiapine (antipsychotic) 300 mg at bedtime -Sertraline (antidepressant) 50 mg at bedtime -Trazodone (antidepressant) 50 mg at bedtime -Carbidopa-Levodopa (Parkinson's) 25-100 mg in the morning, midday, evening and bedtime Review of the September 2022 and October 2022 medication administration records indicated the resident did not receive the medications on the following dates and times: -Colchicine 0.6 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22. -Donepezil 10 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22. -Melatonin 10 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22. -Quetiapine 300 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22.		**5. For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing by DON to review on computer system for any holes in MAR system (medication administration record) within PCC on desktop.	

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	-Sertraline 50 mg at bedtime on 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22. -Trazodone 50 mg at bedtime 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/1/22, 10/2/22, 10/6/22, 10/15/22, or 10/16/22. -Carbidopa-Levodopa 25-100 mg on 9/8/22 midday, 9/17/22 - 9/18/22 at bedtime, 9/22/22 at midday, 9/23/22 at bedtime, 9/27/22 - 9/28/22 at bedtime, 10/1/22 evening and bedtime, 10/2/22 at bedtime, 10/6/22 at bedtime, or 10/15/22 - 10/16/22 at bedtime. 3. The clinical record for Resident D was reviewed on 10/18/22 at 4:37 p.m. The diagnosis included, but was not limited to, insomnia. The October 2022 physician orders indicated the resident was to receive Zolpidem 10 mg at bedtime. Review of the October 2022 medication administration record indicated the Zolpidem was not administered on 10/6/22, 10/15/22 and 10/16/22. 4. The clinical record for Resident F was reviewed on 10/18/22 at 4:47 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the breast, depression, pulmonary embolism, and chronic pain. The September 2022 and October 2022 physician orders indicated the resident was to receive the following medications: -Tylenol 650 mg in the evening -Amitriptyline 25 mg at bedtime -Eliquis (blood thinner) 5 mg at 8:00 a.m. and 8:00 p.m.			

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	-Alprazolam (anti-anxiety) 0.5 mg every 6 hours in the morning, midday, evening and bedtime -Hydrocodone/Acetaminophen (narcotic pain medication) 10-325 mg every 6 hours in the morning, midday, evening and bedtime Review of the September 2022 and October 2022 medication administration records indicated the resident did not receive the medications on the following dates and times: -Tylenol 650 mg on 9/22/22 and 9/23/22 -Amitriptyline 25 mg at bedtime on 9/22/22 and 9/23/22 -Eliquis (blood thinner) 5 mg at 8:00 p.m. on 9/22/22, 9/23/22, 9/27/22 and 9/28/22 -Alprazolam (anti-anxiety) 0.5 mg on 9/21/22 (none administered), 9/22/22 (none administered), 9/23/22 at bedtime, 9/27/22 at evening and bedtime, 9/28/22 at bedtime and 9/29/22 at midday. -Hydrocodone/Acetaminophen (narcotic pain medication) 10-325 mg on 9/22/22 at midday, evening and bedtime, 9/23/22 evening and bedtime, 9/28/22 at bedtime, 9/29/22 at midday, and 10/1/22 evening dose. 5. The clinical record for Resident H was reviewed on 10/18/22 at 4:53 p.m. Diagnosis included, but was not limited to, hyperlipidemia. The September 2022 and October 2022 physician orders indicated the resident was to receive Atorvastatin (high cholesterol medication) 80 mg at bedtime. Review of the September 2022 and October 2022 medication administration records indicated the medication was not administered on 9/3/22, 9/4/22, 9/17/22, 9/18/22, 9/23/22, 9/27/22, 9/28/22, 10/2/22, 10/5/22, 10/6/22, 10/11/22, 10/15/22 and 10/16/22.			

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	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	On 5/18/22 at 5:25 p.m., the Executive Director provided a current copy of the document titled "Medication Administration" dated 9/30/22. It included, but was not limited to, "Policy...The administration of medications shall be as ordered by the resident's physician...Procedure...Medications ordered...will be administered...in accordance with the physician's orders...." This State tag relates to Complaint IN00391745			
R 0247 Bldg. 00	410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on interview and record review, the facility failed to ensure a significant medication error did not occur for 1 of 3 residents reviewed for medication errors. (Resident C) Findings include: The clinical record for Resident C was reviewed on 10/18/22 at 4:30 p.m. The diagnoses included, but were not limited to, dementia, anxiety, depression, and Parkinson's disease. The nurse note, dated 7/25/22 at 11:03 p.m., indicated LPN (Licensed Practical Nurse) 3 administered Resident C the wrong medication. There were no adverse reactions. Review of the Medication Error report, dated 7/26/22, indicated Resident C was administered	R 0247	desktop. **410 IAC 16.2-5-4e(7) Health Services-Deficiency.** While all residents have the potential to have been affected in a negative manner, no resident was identified as being negatively affected by medication error. **1. Please describe what the facility did to correct the deficient practice.** Clinical staff re-educated on the process to protect from medication error. **2. Please describe how the facility reviewed all resident in the facility that could be affected by the same deficient**	11/05/2022

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	the following medications: -Amitriptyline (antidepressant/nerve pain medication) 50 mg (milligrams) -Gabapentin (anticonvulsant/nerve pain medication) 400 mg -Quetiapine (antipsychotic medication) 300 mg -Ropinirole (restless leg/Parkinson's medication) 4 mg -Tizanidine (muscle relaxer) 4 mg The clinical record lacked documentation of a physician's order for the medications. During an interview on 10/18/22 at 3:17 p.m., the Director of Nursing indicated LPN 3 went to administer Resident C his medication and had both Resident C and Resident B's medications in his hands. Resident C was administered the incorrect medication. The clinical record for Resident B was reviewed on 10/18/22 at 10:54 a.m. The diagnoses included, but were not limited to, diabetes, bipolar, anxiety, and insomnia. Review of the physician orders indicated Resident B was to receive the following medications at bedtime: -Amitriptyline 50 mg -Gabapentin 400 mg -Quetiapine 600 mg -Ropinirole 4 mg -Tizanidine 4 mg During an interview on 10/18/22 at 12:37 p.m., Resident B indicated about 3 months ago, the nurse, LPN 3 had given her night time medication to Resident C. She had turned her light on at about 3:00 a.m. because she had not received her		**practice.** A cart audit was completed on 118/120 resident, role packs reviewed and compared to EMAR system. **3. Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Educate clinical all clinical staff on following the five rights of administration to protect against medication error. **4. Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** All clinical staff will be In-serviced by DON on Following the five rights of administration **5. For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing Inservice as needed….	

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	medication. LPN 3 told her he had accidentally given her medication to Resident C. On 10/18/22 at 5:25 p.m., the Executive Director provided a current copy of the document titled "Medication Administration" dated 9/30/22. It included, but was not limited to, "The administration of medication shall be as ordered by the resident's physician...Procedure...Medications ordered...will be administered...in accordance with the physician's orders...The licensed nurse...will administer medications by completing the following steps...Right Resident...Right Drug...." This State tag relates to Complaint IN00391745			