

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 05/09/2024
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NAME OF PROVIDER OR SUPPLIER  AVALON SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP COD 6021 S ARLINGTON AVENUE INDIANAPOLIS, IN 46237
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(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 was an offsite Licensure Investigation Survey</p> <p>Survey Date: May 9, 2024</p> <p>Facility: #015486</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 9, 2024</p>	R 0000	<p>Submission of this plan of correction shall serve as credible evidence of substantial compliance with the alleged deficiency.</p> <p>The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
R 9999  Bldg. 00	<p>16.2-5-1.1 Licenses</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on March 31, 2024.</p> <p>The agency received the facility's renewal application post marked April 23, 2024, which was not at least 45 days of the current license expiration date of Maqrch 31, 2024.</p>	R 9999	<ol style="list-style-type: none"> <li>No residents were affected by the alleged deficiency.</li> <li>Business Office Manager or designee will mark calendar with a weekly reminder 60 days prior to license expiration to submit license renewal application.</li> <li>Business Office Manager or designee will monitor incoming mail for license renewal packet beginning 60 days prior to license expiration.</li> <li>Business Office Manager or designee will submit renewal application in a timely fashion.</li> <li>Change will be completed on or before May 13, 2024.</li> </ol>	05/13/2024

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

TITLE

(X6) DATE

Jerrilynn Morehous

Executive Director

05/10/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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.