

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 03/04/2025
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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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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00454166.</p> <p>Complaint IN00454166 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 3 and 4, 2025</p> <p>Facility number: 015486</p> <p>Residential Census: 75</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 6, 2025.</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 0187  Bldg. 00	<p>410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure water temperatures were maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit for 4 of 11 apartments observed. (Apartment 111, Apartment, 103, Apartment, 119, Apartment 328)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During a facility tour with the Maintenance Director on 3/3/25 at 9:59 a.m., Apartment 111 the kitchen sink's hot water temperature was observed to be 138.6 degrees Fahrenheit (F).</li> <li>2. During a facility tour with the Director of</li> </ol>	R 0187	<ol style="list-style-type: none"> <li>1. No residents were affected by the alleged deficiency.</li> <li>2. Residents in 4 of 11 apartments had potential to be affected by the alleged deficient practice.</li> <li>3. Maintenance Director or designee will test water temperature in each apartment. Maintenance Director or designee will contact plumbing company to adjust water temperature if needed.</li> </ol>	03/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jerrilynn Morehous	Executive Director	03/21/2025

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.

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	<p>Maintenance on 3/3/25 at 10:03 a.m., Apartment 103 the kitchen sink's hot water temperature was observed to be 132 degrees F.</p> <p>3. During a facility tour with the Director of Maintenance on 3/3/25 at 10:06 a.m., Apartment 118 the kitchen sink's hot water temperature was observed to be 133 degrees F.</p> <p>4. During a facility tour with the Director of Maintenance on 3/3/25 at 10:46 a.m., Apartment 328 kitchen sink's hot water was observed to be 123 degrees F.</p> <p>During an interview on 3/3/25 at 10:00 a.m., the Director of Maintenance indicated that he was not sure, but he thought the facility policy stated that hot water temperatures were to be between 115 to 140 degrees F.</p> <p>During an interview on 3/3/25 at 10:48 a.m., the Director of Maintenance indicated that he had not monitored the water temperatures in the facility for approximately the last 6 months.</p> <p>During an interview on 3/3/25 at 11:45 a.m., the Administrator indicated that she thought the requirements for hot water temperatures ranged from 101 to 121 degrees F.</p> <p>On 3/3/25 at 12:10 p.m., the Administrator provided an undated copy of the Administration-Safety, Water Temperatures Policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...The Executive Director or designee is responsible for monitoring and maintaining safe water temperatures in resident areas...Requirements, Hot water temperature for all bathing and hand washing facilities shall be</p>		<p>4. Maintenance Director or designee will audit water temperatures in random apartments weekly for one month then monthly for five months to ensure that regulation is met. Audit results will be reviewed by Executive Director or designee for compliance.</p> <p>5. Change will be completed on or before March 22, 2025.</p>	

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R 0242 Bldg. 00	<p>controlled by an automatic control valve. Water temperature at point of use must be between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit..."</p> <p>410 IAC 16.2-5-4(e)(2) Health Services - Offense</p> <p>Based on interview and record review, the facility failed to monitor residents for effectiveness of medication and notify the physician of undesirable effects for 1 of 7 residents reviewed. (Resident 37)</p> <p>Finding included:</p> <p>On 3/3/25 at 9:30 a.m., the clinical record for Resident 37 was reviewed. The diagnoses included, but was not limited to, hypertension and kidney failure.</p> <p>A Preadmission Evaluation, dated 4/30/24, indicated Resident 37 required extensive or frequent assistance with use of medical equipment.</p> <p>A Physician's Order, with a start date of 1/27/25, indicated furosemide (diuretic medication) 20 mg (milligrams) everyday.</p> <p>A Physician's Order, with a start date of 2/10/25, indicated Resident 37's vital signs were to be obtained every week on Monday, including the residents blood pressure and weight.</p> <p>The February 2025 Medication Administration Record, indicated the following:</p> <p>- Resident 37's weight was not obtained on Monday, 2/10/25.</p>	R 0242	<ol style="list-style-type: none"> <li>1. No residents were affected by the alleged deficient practice.</li> <li>2. All residents who take medication could be affected by this alleged deficient practice.</li> <li>3. Director of Nursing or designee will inservice nurses on monitoring for effects of medications. Director of Nursing or designee will audit resident orders for monitoring effects of medications. Director of Nursing or designee will audit new resident orders for entry of expected monitoring, if any.</li> <li>4. Director of Nursing or designee will audit resident charts for monitoring effects and physician notification weekly for one month and monthly for five months to ensure that the regulation is met. Audit results will be reviewed by the Executive Director or designee for compliance.</li> <li>5. Change will be completed on or before March 22, 2025.</li> </ol>	03/22/2025

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R 0273  Bldg. 00	<p>- Resident 37's recorded weight on 2/17/25 was 151 pounds.</p> <p>- Resident 37's weight was not obtained on Monday, 2/24/25.</p> <p>- Resident 37's weight was 186 pounds on 3/3/25.</p> <p>The clinical record lacked documentation of monitoring Resident 37's weights and notification to the family or the physician of the 35 pound weight gain.</p> <p>During an interview on 3/4/25 at 9:00 a.m., the Director of Nursing was unsure why the record indicated a 35 pound weight gain.</p> <p>On 3/4/25 at 10:54 a.m., the Administrator provided a policy titled Communication, undated, and indicated it was the current policy being used by the facility. A review of the policy indicated "Policy: Community staff shall inform the appropriate designated physician about each event that results in resident need for medical attention, other obligation to report, or recognized potential for harm to a resident."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 3 of 4 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Cook 2)</p> <p>Findings include:</p>	R 0273	<ol style="list-style-type: none"> <li>1. No residents were affected by this alleged deficient practice.</li> <li>2. All residents have the potential to be affected by this alleged deficient practice.</li> <li>3. Director of Culinary Services or designee will inservice cooks on</li> </ol>	03/22/2025

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	<p>1. During the initial kitchen observation, on 3/3/25 from 8:50 a.m. to 9:20 a.m., Cook 2 was observed working at the steam table that held the prepared breakfast meal foods. Cook 2 was observed plating the breakfast meal and then recording the ending temperatures of the breakfast meal. The following was observed:</p> <p>- Cook 2 was observed wearing a ballcap that covered hair from above the ears to the top of his head. Cook 2's hair, approximately one-half inch in length, located below the ballcap to the neckline area was observed to not be covered.</p> <p>Cook 2 was observed wearing a beard guard that covered facial hair from below the jaw line and the lower lip areas. Cook 2's facial hair, approximately one-quarter inch to three-fourths inch in length, located above the jaw line to the top of the ears and above the upper lip areas were observed to not be covered.</p> <p>2. During a follow-up kitchen observation, on 3/3/25 from 11:30 a.m. to 11:40 a.m., Cook 2 was observed working at the steam table that held the prepared noon meal foods. Cook 2 was observed plating the noon meal. The following was observed:</p> <p>- Cook 2 was observed wearing a ballcap that covered hair from above the ears to the top of his head. Cook 2's hair, approximately one-half inch in length, located below the ballcap to the neckline area was observed to not be covered.</p> <p>Cook 2 was observed wearing a beard guard that covered facial hair from below the jaw line and the lower lip areas. Cook 2's facial hair, approximately one-quarter inch to three-fourths inch in length, located above the jaw line to the top of the ears and above the upper lip areas were observed to not be covered.</p>		<p>covering hair while in the food preparation area.</p> <p>4. Director of Culinary Services or designee will audit cooks three times per week on random meal times for one month, then once a week on random meal times for two months, then once monthly for three months. Audit results will be reviewed by Executive Director or designee for compliance.</p> <p>5. Change will be completed on or before March 22, 2025.</p>	

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	<p>3. During a kitchen observation, on 3/3/25 from 12:45 p.m. to 12:50 p.m., Cook 2 was observed working at the steam table that held the prepared noon meal foods, plating the noon meal and recording the ending temperatures of the noon meal. The following was observed:</p> <p>- Cook 2 was observed wearing a ballcap that covered hair from above the ears to the top of his head. Cook 2's hair, approximately one-half inch in length, located below the ballcap to the neckline area was observed to not be covered.</p> <p>Cook 2 was observed wearing a beard guard that covered facial hair from below the jaw line and the lower lip areas. Cook 2's facial hair, approximately one-quarter inch to three-fourths inch in length, located above the jaw line to the top of the ears and above the upper lip areas were observed to not be covered.</p> <p>During an interview on 3/3/25 at 12:55 p.m., Cook 2 indicated staff hair was to be kept covered while in the kitchen.</p> <p>On 3/4/25 at 8:30 a.m., the Administrator provided an undated copy of the Dining Services - Administration Safety Sanitation policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...all hair must be restrained with a hat or hairnet...untrimmed beards or mustaches must be restrained with a beard net..."</p> <p>On 3/4/25 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively</p>			

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R 0306  Bldg. 00	<p>keep their hair from contacting...exposed food..."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure drug dispositions for all medications, including non-controlled substance medications, were accounted for or documented for 2 of 2 closed record residents reviewed. (Resident 81 and Resident 82)</p> <p>Findings include:</p> <p>1. On 3/4/25 at 9:50 a.m., the clinical record for Resident 81 was reviewed. The diagnoses for Resident 81 included, but were not limited to, lung cancer, hyperlipidemia (high blood cholesterol), and hypertension (high blood pressure).</p> <p>A physician's order report from 12/1/24 and ending 12/11/24 when Resident 81 passed away included, but was not limited to, the following orders:</p> <ul style="list-style-type: none"> <li>- Amlodipine 5 mg milligrams once daily for hypertension.</li> <li>- Aspirin 81 mg once daily for hyperlipidemia.</li> <li>- Benzonatate 100 mg twice daily for cough.</li> <li>- Cephalexin 500 mg twice daily for infection.</li> <li>- Cetirizine 5 mg once daily for allergies.</li> <li>- Eliquis 5 mg once daily for blood thinner.</li> <li>- Hyoscyamine sulfate ODT (orally disintegrating tablet) 0.125 mg once every four hours as needed</li> </ul>	R 0306	<ol style="list-style-type: none"> <li>1. No residents were affected by this alleged deficient practice.</li> <li>2. All discharged residents have potential to be affected by this alleged deficient practice.</li> <li>3. Director of Nursing or designee will inservice nurses on documentation for medication destruction.</li> <li>4. Director of Nursing or designee will audit medication destruction records within five days of a resident discharge for six months. Audit results will be reviewed by Executive Director or designee for compliance.</li> <li>5. Change will be completed on or before March 22, 2025.</li> </ol>	03/22/2025

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	<p>for secretions.</p> <ul style="list-style-type: none"> <li>- Melatonin 5 mg once daily for insomnia.</li> <li>- Omeprazole 20 mg once daily for GERD (gastroesophageal reflux disease).</li> <li>- Ondansetron 8 mg ODT once every eight hours as needed for nausea.</li> <li>- Polyethylene glycol powder 17 g (grams) in 8 oz (ounces) of fluid once daily for constipation.</li> <li>- Propranolol 10 mg twice daily for hypertension.</li> <li>- Stimulant laxative tab 8.6-50 mg sennosides-docusate twice daily for constipation.</li> <li>- Trazadone 50 mg give 25 mg (half tablet) at bedtime for insomnia.</li> </ul> <p>The clinical record lacked itemized drug disposition records for the return or destruction of the above medications for Resident 81.</p> <p>2. On 3/4/25 at 10:15 a.m., the clinical record for Resident 82 was reviewed. The diagnoses for Resident 82 included, but were not limited to, unspecified dementia, chronic myeloid leukemia (a type of blood cancer), and anxiety.</p> <p>A physician's order report from 11/6/24 and ending 12/6/24 when Resident 81 passed away included, but was not limited to, the following orders:</p> <ul style="list-style-type: none"> <li>- Acetaminophen 500 mg every four hours as needed for pain or fever.</li> <li>- Atropine Sul (Sulfate) Sol (Solution) 1% OP</li> </ul>			

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	<p>(ophthalmic solution) four drops sublingually (under the tongue) every four hours as needed for secretions.</p> <p>- Buspirone 15 mg three times daily for anxiety.</p> <p>- Escitalopram 10 mg once daily for anxiety.</p> <p>- Ibuprofen 200 mg, give 2 tablets (400 mg), every six hours as needed for mild to moderate pain and or fever.</p> <p>- Lamotrigine 25 mg twice daily for mood.</p> <p>- Melatonin 1 mg once daily for insomnia.</p> <p>- Memantine HCL (hydrochloride) 10 mg twice daily for dementia.</p> <p>- Ondansetron 4 mg ODT give every six hours as needed for nausea.</p> <p>- Oxybutynin 10 mg ER (extended release) once daily for overactive bladder.</p> <p>- Polyethylene glycol powder 17 g in 8 oz of fluid once daily for constipation.</p> <p>- Quetiapine 25 mg twice daily for mood.</p> <p>The clinical record lacked itemized drug disposition records for the return or destruction of the above medications for Resident 82.</p> <p>On 3/4/25 at 10:54 a.m., the Administrator provided e-mail correspondence with the pharmacy utilized by the facility, which indicated medication returns were processed for Resident 81 and Resident 82 in mid-December 2024, but they could not provide specific or itemized return</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

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	records.  On 3/4/25 at 11:15 a.m., the DON (Director of Nursing) provided an undated policy titled "Health Services - Systems" and indicated it was the policy currently in use by the facility. A review of the policy indicated, under the heading of "Medication Disposal", health services staff should coordinate with the contracted pharmacy and the executive director to, " ...establish practices for the return/destruction/disposal of expired, deteriorated, discontinued or other unwanted medications."				