STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON AT SOUTHPORT THE	7212 US HWY 31 S, INDIANAPOLIS, , 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: September 30 and October 1, 2026 Facility number: 003283 Residential Census: 37 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed October 5, 2026.	R 0000		
R 0187	Physical Plant Standards - Deficiency 410 IAC 16.2-5-1.6(k) (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one	R 0187	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of The Wellington at Southport as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute	10/07/2026

	hundred twenty (120) degrees Fahrenheit. Based on observation, interview, and record review, the facility failed to ensure water temperatures were maintained between one hundred (100) degrees Fahrenheit and one hundred and twenty (120) degrees Fahrenheit for 8 of 14 resident apartments reviewed. (Apartment 40, Apartment 47, Apartment 51, Apartment 61, Apartment 67, Apartment 70, Apartment 72 and Apartment 80). Findings include: During a facility tour with the Culinary Services Cook the following was observed: 1. On 10/1/26 at 9:19 a.m., Apartment 80's bathroom sink's hot water temperature was observed to be 124 degrees Fahrenheit (F). 2. On 10/1/26 at 9:22 a.m., Apartment 72's bathroom sink's hot water temperature was observed to be 122 degrees F. 3. On 10/1/26 at 9:24 a.m., Apartment 70's bathroom sink's hot water temperature was observed to be 121 degrees F. 4. On 10/1/26 at 9:26 a.m., Apartment 67's bathroom sink's hot water temperature was		an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does	

observed to be 123 degrees F.

5. On 10/1/26 at 9:29 a.m., Apartment 61's bathroom sink's hot water temperature was observed to be 123 degrees F.

6. On 10/1/26 at 9:31 a.m., Apartment 51's bathroom sink's hot water temperature was observed to be 122 degrees F.

7. On 10/1/26 at 9:33 a.m., Apartment 47's bathroom sink's hot water temperature was observed to be 121 degrees F.

8. On 10/1/26 at 9:36 a.m., Apartment 40's bathroom sink's hot water temperature was observed to be 121 degrees F.

During an interview on 10/1/26 at 10:57 a.m., the Executive Director indicated that the facility requirements for hot water temperatures ranged from 100 to 120 degrees F.

On 10/1/26 at 10:55 a.m., the Executive Director provided an undated copy of Tels Masters, task instructions and indicated it was the current guideline in use by the facility. A review of the manual indicated, "...1. Ensure patient room water temperatures are between (100 to 120) ..." degrees Fahrenheit.

not recur;
How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?; and
By the date the systemic changes will be completed.

R 187

1. Water temperatures are being maintained between one hundred (100) degrees Fahrenheit and one hundred and twenty (120) degrees Fahrenheit in apartments 40, 47, 51, 61, 67, 70, 72 and 80).

2. The Community reviewed each resident’s record to determine which residents, if any, could be affected by the alleged deficient practice. Beginning Monday, 10/12/2026, water temperatures will be checked and documented in three different apartments per day, five days per week, for four weeks, covering all 60 apartments.

3. The above will be followed by checks of 10 apartments weekly for six weeks, and then 10 apartments monthly for three months. Monitoring will rotate through occupied and vacant apartments. Following the enhanced monitoring period, routine monthly water

			temperature checks will continue as part of the community's preventive maintenance program. Any out-of-range temperatures will be immediately reported to the Executive Director, corrective action initiated, and affected fixtures retested to verify compliance. 4. The Executive Director or designee will review water temperature monitoring records during the enhanced monitoring period. Monitoring results, identified concerns, corrective actions, and trends will be reviewed monthly through the community's Quality Assurance process. Following the enhanced monitoring period, routine monthly temperature checks and monthly Quality Assurance review will continue. 5. Reported Date of Correction: 10/08/2026	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURECharlotte Center	TITLEExecutive Director	(X6) DATE10/13/2026