

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Allison Pointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82nd Street Indianapolis, IN 46250	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

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

TITLE

(X6) DATE

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to ensure 1 of 7 residents reviewed for resident rights had their resident's rights honored related to personal property request by a facility staff member. (Resident B) Findings include: In an interview with Resident B on 12-29-25 at 1:45 p.m., she indicated on 12-9-25 between 8:00 p.m. and 10:00 p.m., LPN 3 came to her and told me that she had heard I had a vehicle I might be interested in selling because she had heard that I might not be needing it anymore. For starters, why would she or any of the staff be discussing me or my business amongst themselves? Plus, with my diagnosis of breast cancer, that kind of makes me think they know something that I don't know. How is that appropriate in any manner? Resident B indicated LPN 3 told her that her family member was needing to buy a car to use for college. In an interview on 12-29-25 at 3:45 p.m., with the Executive Director (ED) she indicated she received a phone call from LPN 3 on the evening of 12-9-25, in which LPN 3 notified her she had inadvertently got a resident worked up. The ED indicated the nurse did not provide any details, but basically said that she said something that upset the resident. The facility was conducting a separate and unrelated investigation, which included Resident B. The Ed indicated during the course of that investigation, Resident B did not address anything about the car with the management team. She added the facility did offer Resident B psychiatric care services as she was dealing with multiple life-changing events, but the resident eventually chose not to participate with those services. In a telephone interview with LPN 3 on 12-30-25 at 2:33 p.m., she indicated earlier in the month, she had noticed a car in the facility's parking lot that had not been moved for a while and inquired of other employees if they knew who the vehicle belonged to and learned it belonged to Resident B. It looked like a pretty nice vehicle .So, I went and talked to her and asked if she would be interested in selling it because my daughter was needing a vehicle for school. She seemed nice enough about it and just told me, 'no.' Then about 10 minutes later, I heard she contacted the evening supervisor .about me wanting to buy her car. The last thing I wanted to do was upset her and I wanted to go and apologize to her, but was told not to do that, that I had upset her and I did not mean to upset her at all. In an interview with the ED and Director of Nursing (DON) on 12-30-25 at 9:30 a.m., they indicated they had limited knowledge of the staff member who had reached out about the car situation on 12-9-25. The ED indicated LPN 3 had written a statement regarding the situation and was concerned she had upset the resident. The ED indicated the action of an employee reaching out to a resident about purchasing an item from the resident was inappropriate and would not be an acceptable action and definitely would not be an appropriate resident rights type of thing to do. The DON indicated LPN 3 was educated regarding resident rights and inappropriate actions of trying to purchase something from a resident. The ED indicated she felt LPN 3 was unaware of Resident B's advanced cancer diagnosis or her other issues and did not think LPN 3 had any intention of doing anything inappropriate or upsetting the resident. On 12-30-25 at 10:35 a.m., the ED provided a copy of LPN 3's handwritten statement, dated 12-9-25, but untimed and was signed by LPN 3. The statement indicated, she had inquired about the ownership of a vehicle she had seen in the parking lot that had not been moved for some time and learned it belonged to Resident B. I went to this resident [sic] room and asked if the vehicle was for sale and the resident asked me why and I told her and I said I was thinking of buying a car for my daughter in college. Resident at the time did not appear upset by my question and I genuinely meant no harm It will never happen again. The clinical record of Resident B was reviewed on 12-30-25 at 12:05 p.m. Her diagnoses included, but were not limited to, right breast cancer with metastasis to the brain. Her most recent Minimum Data Set assessment, dated 11-22-25, indicated she was cognitively intact. On 12-29-25 at 2:10 p.m., the ED provided an undated copy of a policy entitled, Federal Resident Rights & Facility Responsibility. This policy indicated, It is the facility's policy to abide by all resident rights . The resident has a right to a dignified existence, self-determination .A facility must treat each resident with respect and dignity and care for each resident in a manner and in environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident .The resident has a right to be treated with respect and dignity, including .The right to retain and use personal possessions . This citation relates to Intake 2688478. 3. 1-3(a)(1)3.1-3(a)(2)3.1-3(t)3.1-32(a)</p>		