

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155702	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2016
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NAME OF PROVIDER OR SUPPLIER APERION CARE PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 WEST MATADOR ST PERU, IN 46970
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196482.</p> <p>Complaint IN00196482 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: April 27, 28 & 29, 2016</p> <p>Facility number: 003130 Provider number: 155702 AIM number: 200386750</p> <p>Census bed type: SNF/NF: 48 Total: 48</p> <p>Census payor type: Medicare: 10 Medicaid: 35 Other: 3 Total: 48</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on May 9, 2016.</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review and interview, the facility failed to ensure supervision on the dementia unit for 3 of 5 dependent residents who required extensive assistance of 2 or more for ambulation and transfers. (Resident "B," Resident "C" & Resident "D")</p> <p>Findings include:</p> <p>1. Resident "C" was observed seated in a w/c at a table in the common area and being cued/assisted to eat by the CNA following the evening meal on 04/27/17 at 6:55 p.m.</p> <p>The record of Resident "C" was reviewed on 04/28/16 at 9:00 a.m. Resident "C" was admitted to the facility on 07/15/15. The diagnoses included, but were not limited to, Alzheimer's, difficult ambulation, restless leg syndrome, anxiety, depression, delusions, weakness, dysphagia and Parkinson's.</p>	F 0323	<p>F 323</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Residents B, C and D were assessed by licensed nurse utilizing "Touchstone Terrace Assessment" form. Family members for these residents were contacted and meetings set</p>	05/20/2016			

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	<p>The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 03/29/16, indicated Resident "C" was severely cognitively impaired, required extensive assistance of 2 for transfers and toileting and a minimum assist of 1 for ambulation, eating, and bathing. The resident's mode for mobility was noted as w/c. Resident "C's" balance during moving from seated to standing, walking, turning around, toileting and transfers was not steady and required assistance to stabilize.</p> <p>Progress Notes and associated Fall Investigations indicated Resident "C" had incurred 3 unwitnessed falls on 04/07/16, 04/17/16, and 04/23/16.</p> <p>Fall #1: "Progress Notes: 04/07/16 1:00 [3:00 p.m.] Resident found on floor in lounge. Unwitnessed fall. Lying on L [Left] side. Had 2 very small area [sic] on R [Right] side of face. Also had small skin tear to L knee...."</p> <p>"Fall Investigation...04/07/16 1500 [3:00 p.m.]: Mobility: Wheelchair bound... Mental Status: Oriented to Person. Notes: Confused and this is normal for resident...No witnesses" The form indicated the resident had a fall alarm, impaired memory, and fails to use call light.</p>		<p>up to discuss admission and discharge criteria for the memory care unit, as well as any recommendations or plans for discharges from the unit.</p> <p>2) How the facility identified other residents:</p> <p>A. All residents in the Touchstone Terrace Unit were assessed by licensed nurse on 4/28/2016, and again on 5/2/2016 to determine if they continued to meet criteria for remaining in the unit.</p> <p>3) Measures put into place/systems changes:</p> <p>A. Resident C was discharged from Aperion Care of Peru on 5/3/2016, per family's wishes, related to proposed move off of unit by Aperion staff.</p> <p>B. Resident D was transferred off of Touchstone Terrace to Aperion of Peru's Main Hall on 5/4/2016.</p> <p>C. A careplan meeting to review</p>	

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	<p>A "Fall Risk Assessment", dated 04/07/16 at 1500 [3:00 p.m.], indicated Resident "C" was at risk for falls.</p> <p>"IDT [Interdisciplinary Team] Note 04/11/16 [at] 0959 [9:59 a.m.]...Summary of the fall: Res [Resident] was seated in w/c [wheelchair] in lounge and stood up without assist, as observed on surveillance footage. Root cause of fall: Res unable to state why she stood up. Res has weakness and is non weight bearing on right hip. Intervention and care plan updated: Fall care plan reviewed by IDT...."</p> <p>Fall #2: "Progress Notes: 04/17/16 [at] 09:14 [9:14 a.m.] Res in res room giving adls [activities daily living] and CNA [Certified Nursing Assistant] went in bathroom to wet washrag and res rolled out of bed. Res assessed...Reopened old scabbed area on left knee...Res denies any pain or discomfort at this time...."</p> <p>"Fall Investigation...04/17/16 [at] 0805 [8:05 a.m.] Mobility: [blank]...Confused. Gait Imbalance. Impaired Memory. Incontinent." Witnesses Statement: [CNA name] I went into [sic] dress [Resident name] in her bed. Got her pants on discover [sic] poop. Ran out to get a pair of gloves.</p>		<p>Touchstone Terrace admission and discharge criteria is scheduled for Resident B on May 18, 2016 with family, along with recommendations for placement.</p> <p>D. Touchstone Terrace Committee, comprised of Administrator, SSD, nursing management, and activities staff have reviewed and modified Touchstone Terrace criteria on May 3, 2016. Touchstone Terrace Committee to review and modify criteria, as needed, monthly, for at least 3 months, then criteria reviewed at least quarterly in a QA&A meeting.</p> <p>E. All residents residing in Touchstone Terrace will be reviewed quarterly and prn significant change to determine whether or not they continue to meet Touchstone criteria.</p> <p>F. All new admissions considered for Touchstone admission will be assessed prior to admission to ensure criteria met.</p>				

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	<p>Came back [Resident name] was on the floor. I called for her nurse. We got her back up. Placed her back on the bed."</p> <p>A "Fall Risk Assessment," dated 04/17/16 at 0805 [8:05 a.m.], indicated Resident "C" was at risk for falls.</p> <p>"IDT Note [no date printed]...Summary of the fall:...When in bed and CNA went to another room to get gloves to render care and when CNA returned, res observed on the floor. Root cause of fall: Res, at times, restless. Intervention and care plan updated: Bolster mattress on bed for safety and positioning...."</p> <p>Fall #3: "Progress Notes: 04/23/16 [at] 22:00 [10:00 p.m.] Writer notified res was on the floor in her room. Writer went to room to find res laying on her right side. Res had large bump on forehead and was c/o [complaining/of] pain to right side. Res has previous hip fx [fracture] to right side. Writer took res vital signs BP [Blood Pressure] 170/100, P [Pulse] 111, R [Respirations] 18, ...BP and P extremely high for res and given the bump on head and c/o of pain writer determined res needed to be sent to ER [Emergency Room] for eval [evaluation] and tx [treatment]...Res transported to [hospital name]...."</p>		<p>G. If a resident is identified as no longer meeting criteria, the SSD or designee will contact the resident's family member or primary contact to discuss alternate placement within Aperion.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these Touchstone criteria resident reviews conducted monthly will be reviewed in a QA&A meeting monthly for 3 months, and then quarterly thereafter.</p> <p>5) Date of compliance: 05-20-16</p>	

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	<p>"Fall Investigation...04/23/16 [at] 2200 [10:00 p.m.]: Mobility: Wheelchair bound...Mental status: Oriented to Person...Injuries Report Post Incident:...No Injuries Observed post incident...Witnesses: No witnesses found.</p> <p>A "Fall Risk Assessment," dated 04/23/16 at 2200 [11:00 p.m.] indicated Resident "C" was at risk for falls.</p> <p>"IDT Note 04/26/16 [at] 0919 [9:19 a.m.]...Summary of fall: Res was observed on floor, beside bed, laying diagonal from bed, on right side. Root cause of fall: Res unable to state what happened. Fall was unobserved. Res had clean incontinence product at time of fall. Intervention and care plan updated: Res to receive low bed with mat when in bed."</p> <p>The hospital transfer report indicated: "04/24/16 1:31 a.m....This patient fell landing on her right side. Comparison: 07/07/15. Discussion: A single view of the pelvis was obtained. There is a fracture of the right acetabulum. ...Impression: There is a fracture of the right acetabulum. There is medial displacement of the medial wall of the acetabulum...."</p> <p>A Care Plan, initiated 07/21/15 and last</p>				

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	<p>review completed 04/05/16, indicated:</p> <p>"Goal: Will have no significant injuries related to falls thru next review date</p> <p>Interventions/Tasks: 2 person transfer and maintain NWB status to RLE..."</p> <p>Seven confidential staff interviews indicated Resident "C" required a minimum of 2 for ambulation, transfers and toileting.</p> <p>2. Resident "B" was observed seated in a w/c and maneuvering from the dining room, very slowly, toward the unit common area on 04/27/16 at 6:55 p.m.</p> <p>The record of Resident "B" was reviewed on 04/28/16 at 1:00 p.m. Resident "B" was admitted to the facility on 08/11/09. The diagnoses included, but were not limited to, adjustment disorder with depression, weakness, dementia, difficult ambulation, and Alzheimer's.</p> <p>The most recent Annual MDS (Minimum Data Set) Assessment, dated 04/18/16, indicated Resident "B" was severely cognitively impaired, required 2 or more assist for transfers and toileting and a minimum of 1 assist for 1 for ambulation. Resident "B"'s balance moving from</p>			

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	<p>seated to standing position, walking, toileting, and transfers was not steady and required assistance to stabilize.</p> <p>The Progress Notes indicated Resident "B" incurred an unwitnessed fall: "03/19/16 [at]10:22 [10:22 a.m.] Writer and CNA in back bathroom assisting another res. [resident]. Heard alarm sound and a yell. Observed res sitting on buttock. Assessed res and no injuries noted...."</p> <p>Seven confidential staff interviews indicated Resident "B" could not ambulate without the assist of 2 persons and now requires more assistance to mobilize with her w/c.</p> <p>3. Resident "D" was observed seated in a w/c in the common area, with the w/c alarm sounding with repeated attempts to get up from the w/c on 04/27/16 at 6:55 p.m. The unit CNA was cueing the Resident "D" while feeding Resident "C."</p> <p>The record of Resident "D" was reviewed on 04/28/16 at 8:45 a.m. Resident "D" was admitted to the facility on 09/22/15. The diagnoses included, but were not limited to, dementia, difficult ambulation, weakness, dysphagia (difficult swallowing), depression, anxiety, and adjustment disorder.</p>			

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	<p>The most recent Quarterly MDS (Minimum Data Set) Assessment, dated 03/09/16, indicated Resident "D" was severely cognitively impaired and required extensive assist of 2 for transfers and toileting and extensive assist of 1 for ambulation, dressing, eating, and bathing.</p> <p>Review of the record indicated Resident "D" had incurred 2 falls, on 04/02/16 and 04/10/16.</p> <p>"Fall Investigation: 04/02/16 [at] 1043 [10:43 a.m.]...Incident Description:...res [resident] laid down after breakfast, res yelling out went to check as to why res was yelling, res sitting on mat beside bed. bed was in low position...Injury Type: No injuries observed...Impaired memory, Incontinent..."</p> <p>"Progress Notes: 04/10/16 [at] 0950 [9:50 a.m.]...Res found on the floor in TV room. Sitting upright with back against chair. Res. alarm on chair was going off and res. was yelling out. Res stated he was ok. Slight discomfort noted on back of rt [right] shoulder where 3 scrapes to skin were noted. Areas were red with no open areas..."</p> <p>"Fall Investigation: 04/10/16 [at] 0930 [9:30 a.m.]...Mobility: Wheelchair</p>			

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	<p>bound...Mental Status: disoriented but wnl [within normal limits] for this, Oriented to person. Notes: Res level of consciousness is alert and disoriented. ..He cont [continues] to yell out as is a normal behavior for resident. Confused. Gait Imbalance. Impaired Memory. Behavior Symptoms. Witnesses: No witnesses found."</p> <p>The Fall Risk Assessments, for 01/21/16 and 04/02/16, indicated Resident "D" was at risk for falls.</p> <p>Seven confidential staff interviews indicated Resident "D" required frequent redirection, was unable to ambulate without the assistance of 2 and required a minimum of 1 for toileting needs.</p> <p>Confidential interviews with staff members #2, #5, #6, #9, and #10 all indicated the extensive care required for Residents "B", "C" and "D", did not allow for staff to visualize other residents as related to care needs, redirection and supervision.</p> <p>The Administrator and the DNS (Director Nursing Services) were interviewed on 04/28/16 at 3:00 p.m. The DNS indicated the facility had identified an issue with the care level as related to the facility's "Touchstone Terrace" (Dementia Unit)</p>			

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	<p>guidelines. The Administrator indicated the facility was in process of addressing moving dependent residents off of the Touchstone Terrace. The Administrator and the DNS indicated 5 of the 10 residents residing on Touchstone Terrace had been identified as inappropriate for the dementia unit, which included Resident "B", Resident "C" and Resident "D".</p> <p>On 04/28/16 at 2:00 p.m., the DNS provided a copy of the current "Discharge Criteria for Touchstone Terrace Policy," which indicated:</p> <p>"Not all residents admitted to the Special Care Unit will stay indefinitely....There may come a time when you [sic] loved one will need care in another setting due to a condition change....The following may be reasons for discharge for the special care unit...</p> <p>3. Resident have become dependent for all activities of daily life including bathing, dressing, toileting, and feeding;...."</p> <p>This Federal tag relates to Complaint IN00196482.</p> <p>3.1-45(a)(2)</p>			

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

PRINTED: 05/27/2016

FORM APPROVED

OMB NO. 0938-0391

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