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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155156	A. BUILDING 01 B. WING	01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE ARBORS MICHIGAN CITY	1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360

(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
K 0000 Bldg. 01	An investigation of Complaint Number IN00426913 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Complaint Number IN00426913 was substantiated. A Federal deficiency related to the allegation was cited at K927. Survey Date: 01/24/24 Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060 At this complaint survey, Aperion Care Arbors Michigan City was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The majority of the building is partially protected by a 45-kW natural gas-powered emergency generator. Resident rooms 301-312, which contain a non-operational ventilator unit, are fully protected by a 40-kW natural gas-powered generator. The facility is certified for 180 beds. The facility maintains 147 dual Medicare	K 0000	**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 provisions of federal and state law.** **The facility respectfully requests a desk review for these alleged deficient practices.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Todd Smith	Executive Director	02/06/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	and Medicaid beds and 33 Medicare only beds. At the time of the survey, the census was 133. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered Quality Review completed on 01/29/24			
K 0927 SS=E Bldg. 01	NFPA 101 Gas Equipment - Transfilling Cylinders Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)			
	Based on observation and interview, the facility failed to ensure 1 of 2 oxygen storage/transfer locations had proper separation in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.5.2.3.1(1) states, (transfilling shall occur in) A designated area separated from any portion of a facility wherein patients are housed, examined, or treated by a fire barrier of 1 hour fire-resistive construction. This deficient practice could affect approximately 20 residents and staff. Findings include: Based on observation with the Maintenance	K 0927	Tag number: K927 – Gas Equipment – Transferring Cylinders I.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; **The Employee in question is no longer an employee of the facility. All facility employees that are tasked to transfil oxygen will be re-educated on proper procedure by 2/14/2024.**	02/14/2024

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	Director on 01/24/24 between 10:00 a.m. and 10:25 a.m., while walking though the south end of the building near a nurses station, an oxygen transfilling/storage was noted across the hall from the nurses station. A nurse was observed going inside the room and began to transfil oxygen into a strapped portable oxygen unit. While transfilling, the nurse propped open the door in front of the surveyor and Maintenance Director. Once transfilling was done, the employee was interviewed and asked what the proper procedures were for transfilling oxygen. The employee could not accurately state the proper procedures. Furthermore, when asked if it is proper procedure to prop open the door while transfilling, the employee stated no. 3.1-19(b) This Federal tag relates to complaint number IN00426913		II.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; **All residents have the potential to be affected by the alleged deficient practice. All facility employees that are tasked to transfil oxygen will be re-educated on proper procedure by 2/14/2024.** III.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; **DON/Maintenance Director/Designee to re-educate all staff tasked with the responsibility of transfilling oxygen by 2/14/2024.** IV.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 in place. **The DON/Maintenance Director/Designee will audit 5 staff members transfil oxygen as follows: 5X/week for 12 weeks. The results of these audits will be reviewed in the Quality Assurance Meeting monthly for 3 months or until as**	

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			average of 90% compliance or greater is achieved X3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. Date of compliance: 2/14/2024	