

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

PRINTED: 04/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP COD 2350 TAFT ST GARY, IN 46404
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00400881, IN00402975, and IN00404473.</p> <p>Complaint IN00400881 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402975 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404473 - Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey date: 3/29/23</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 132 Total: 132</p> <p>Census Payor Type: Medicare: 19 Medicaid: 103 Other: 10 Total: 132</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/3/23.</p>	F 0000		
F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional,</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jeff Attinger	RVP of Operations	04/14/2023

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>sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain a sanitary and homelike environment, related to uncovered and unlabeled urinals, bedpans, and basins stored on the bathroom floor, dented, cracked, and broken floor tiles, holes and scrapes on the walls, missing privacy curtain, unattached window curtain, scuffs on the walls and floor, strong urine odor, clothing on a closet floor, missing and loose baseboards, dirty and stained floor tiles, a dim bathroom light, and a torn vinyl chair, for 10 of 13 rooms observed (231, 233, 227, 211, 221, 220, 215, 313, 314, and 315) on 2 of 4 Units (200 &amp; 300)</p> <p>Findings include:</p> <p>During a tour with the Director of Maintenance and the Director of Housekeeping on 3/29/23 from 2:30 p.m. through 2:45 p.m., the following was observed:</p> <p>a. There was a chair with torn vinyl on the seat of the chair, an unmarked/unlabeled bath basin on the bathroom floor, the baseboard was loose and coming off the wall and scrapes on the bathroom walls in room 231.</p> <p>b. There were dents and scuff marks on the tile floor in the room, a hole in the wall behind the door of the room, dark stains on the bathroom floor tile, torn wallpaper on the lower corner behind the toilet, and the walls of the bathroom were dirty with dark marks in room 233.</p> <p>c. There was a strong odor of urine, a large amount of clothing on the floor of the closet, a hole in the wall by the bathroom, and scrapes on the wall behind the head of the beds in room 227.</p>	F 0921	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>In room 231 the chair was removed, the basin was basin was removed, the baseboard was and walls were repaired. Room 233 was cleaned, the wall was repaired and the tile was cleaned/repaired. Room 227 was cleaned, the clothing was washed and put away and the walls were repaired. Room 211 the tile and baseboard were repaired/replaced and the urinals were removed. Room 221 the wall was repaired, and the tile replaced. Room 220 was cleaned, the wall was repaired, and the basin was removed. Room 215 was cleaned. Room 313 the basins were removed, the room was cleaned, and a privacy curtain was hung. Room 314 the bathroom light was replaced, the basins were removed, the toothbrush was put away, and the window curtain were reattached to the rod. Room 315 was cleaned, the bedpan and basin were removed.</p> <p>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;</p>	04/21/2023
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	<p>d. There were cracked and broken floor tiles, missing baseboard by the bathroom door, and two unmarked/uncovered urinals in the bathroom of room 211. The Director of Housekeeping indicated there were two women who resided in the room and was not sure why the urinals were in the bathroom.</p> <p>e. There were scrapes on the wall behind the beds and broken floor tile in room 221.</p> <p>f. There were scrapes behind the bed by the door on the wall, the bathroom floor was stained and dirty, and there was an unlabeled/uncovered basin on the floor of the bathroom in room 220. There were two men who resided in the room.</p> <p>g. The bathroom floor was dirty and stained in room 215.</p> <p>h. There were three unlabeled/uncovered bath basins on the floor of the bathroom, the floor tiles in the bathroom were dark stained and dirty, and there was no privacy curtain for the resident by the window in room 313.</p> <p>i. The bathroom light was dim, there was an unlabeled/uncovered bath basin on the floor, an emesis basin with toothbrush on the sink in the bathroom, and the window curtains were not attached to the curtain rod in room 314.</p> <p>j. There was dirt and crumbs around the baseboard of the room, an uncovered/unlabeled bedpan and bath basin on the bathroom floor, and the tiles of the bathroom floor had dark stains in room 315.</p> <p>The Director of Maintenance and the Director of</p>		<p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The housekeeping dept will be inserviced on the room cleaning process and schedule. The maintenance dept will be inserviced on timely repairs and room audits. The nursing dept will be inserviced on proper labeling and storage of bed pans, urinals, and basins. All staff will be inserviced on submitting maintenance work orders for needed repairs.</p> <p>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 into place; The housekeeping director or designee will audit 10 rooms 5 times a week for 4 weeks then 10 rooms weekly to ensure proper cleanliness and storage of items. The maintenance director or designee will round the building daily, audit the work orders and inspect 5 rooms 5 times a week to ensure repairs are completed timely, work orders are submitted for needed repairs, and no further repairs are needed.</p>	

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	Housekeeping acknowledged all the above observations.  This Federal tag relates to Complaint IN00404473.  3.1-19(f) 3.1-19(f)(5)		The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an 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.		