

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/10/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00378659.</p> <p>Complaint IN00378659 - Substantiated. State deficiency related to the allegations is cited at F9999.</p> <p>Survey dates: May 9 & 10, 2022</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 123 Total: 123</p> <p>Census Payor Type: Medicare: 9 Medicaid: 94 Other: 20 Total: 123</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 5/11/22.</p>	F 0000		
F 9999 Bldg. 00	<p>3.1-13(g)(1) Administration and Management</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service</p>	F 9999	<p>Aperion- Tolleston Park POC Complaint Survey 05/10/2022 Compliance 05/23/2022</p> <p>F9999</p>	05/23/2022

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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	<p>supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to inform the Indiana Department of Health (IDOH) of a resident fall with injury and a death occurring after the fall for 1 of 6 residents reviewed for unusual occurrences. (Resident D)</p> <p>Finding includes:</p> <p>Resident D's record was reviewed on 5/9/22 at 1:51 p.m. The diagnoses included, but were not limited to, pleural effusion and acute hepatitis.</p> <p>An Admission Care Plan, dated 4/9/22, indicated a risk for falls. The interventions included, remind him to activate the call light as needed.</p> <p>The Admission Physical Therapy Evaluation Notes, dated 4/9/22, indicated the resident was able to transfer with partial/moderate assistance. The, "helper" does less than half the effort. He was able to use his front wheeled walker and ambulated 10 feet with minimal assistance.</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 provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified: All residents have the potential to be affected by the alleged deficient practice.</p> <p>2) How the facility identified other residents: All incidents that occurred within the last 60 days will be reviewed and if any incidents meet the guidelines for unusually occurrence and not reported to IDOH, they will be reported.</p> <p>3) Measures put into place/ System changes: The administrator and DON were</p>				

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	<p>A Nurses' Progress Note, dated 4/10/22 at 7:30 p.m., indicated he required supervision with chair to toilet transfer.</p> <p>A Fall Initial Occurrence form, dated 4/11/22, indicated on 4/10/22 at 11:13 p.m., the bathroom emergency light was activated. The CNA responded to the emergency call light and observed the resident on the floor and notified the Nurse. The Nurse responded and observed the resident with bleeding from the left side of the forehead. The Emergency Medical System (EMS) was notified. The resident was assessed and was assisted to the bed.</p> <p>The Code Blue (cardiopulmonary resuscitation) (CPR) Event form, dated 4/11/22 at 2 a.m., indicated, after the EMS was notified, the resident's breath had stopped. A Code Blue was called, and the Crash Cart (items to perform CPR) was taken to the room, the staff had started to initiate CPR and EMS arrived and took over. EMS pronounced the resident death. EMS was notified on 4/10/22 at 11:16 p.m., the Code Blue was called on 4/10/22 at 11:26 p.m., and CPR as initiated at 11:27 p.m.</p> <p>A statement in the investigation, dated 4/13/22 and signed by the Administrator, indicated, the Investigator at the Coroner's Office had informed her the toxicology tests were pending and could take two to three weeks for the results to be processed and at this time, "he is leaning towards natural causes".</p> <p>The Administrator indicated on 5/9/22 at 2:30 p.m., the Investigator from the Coroner's Office, had said, "as of right now it is natural causes (death)", so the fall, injury, and death was not reported to the IDOH.</p>		<p>in-serviced on the IDOH unusual occurrence reporting regulation. The Administrator will review all occurrences with IDT and determine if the incident is considered an unusual occurrence. This will be reviewed on business days during the clinical meeting.</p> <p>4) How the corrective actions will be monitored: The Administrator and/ or Designee will perform an audit of incidents that occur in the facility to ensure that unusual occurrences are reported to ISDH in accordance with Aperion Care's policy and the Indiana State Regulation. Audits will be performed weekly x4 weeks. 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.</p> <p>5) Date of compliance: 05/23/2022</p>				

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	<p>A facility policy for reporting incidents and unusual occurrences to the IDOH, dated 7/15/15 and received from the Administrator as current, indicated the IDOH was to be notified within 24 hours of an unusual occurrence that directly threaten the welfare, safety, or health of the resident or residents. Examples included injuries of unknown source, which was not observed or could not be explained by the resident and the injury was suspicious because of the extent of the injury or location and death of a resident that is unusual or resulted from an accident.</p> <p>This state finding relates to Complaint IN00378659.</p>				