

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

PRINTED: 01/09/2023

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 <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/13/2022
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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 IN00387641, IN00389137, IN00389274, IN00389949, IN00395081, and IN00396417.</p> <p>Complaint IN00387641 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00389137 - Substantiated. Federal/State deficiencies related to the allegations are cited at F584 and F921.</p> <p>Complaint IN00389274 - Substantiated. Federal/State deficiencies related to the allegations are cited at F558.</p> <p>Complaint IN00389949 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395081 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00396417 - Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: December 12 & 13, 2022</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 141 Total: 141</p> <p>Census Payor Type:</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lakeithia Webb	Executive Director	12/26/2022

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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F 0558 SS=E Bldg. 00	<p>Medicare: 10 Medicaid: 126 Other: 5 Total: 141</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/14/22.</p> <p>483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' needs were met related to call lights out of reach for 5 residents who were identified as a fall risk out of 26 residents observed for accommodation of needs/call light placement. (Residents Q, R, S, T, U)</p> <p>Findings include:</p> <p>1. During an initial tour of the facility, on 12/12/22 at 8:46 a.m. through 10:05 a.m., the following was observed:</p> <p>a. 8:59 a.m., Resident Q was observed in bed. The call light was on the floor by the bedside dresser.</p> <p>b. At 8:33 a.m., Resident R was observed in bed. The call light was on the floor.</p> <p>c. At 9:02 a.m., Resident S was observed in bed.</p>	F 0558	<p>Aperion- Tolleston Park</p> <p>Complaint Survey</p> <p>Compliance 12/27/2022</p> <p>F 558 Reasonable Accommodations Needs/Preferences</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</i></p>	12/27/2022

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	<p>The call light was not on the bed and was not able to be reached.</p> <p>d. At 9:26 a.m., Resident T was observed in bed. The call light was on the floor.</p> <p>e. At 9:48 a.m., Resident U was observed in bed. The call light was in a dresser drawer next to the bed. The head of the bed was elevated and the call light could not be reached by the resident. During an interview at the time of the observation, Resident U indicated he used the call light when help was needed. He indicated he would have to "scoot" in the bed so the call light could be reached and it was not easily reachable. Every once in a while the call light was attached to his bed.</p> <p>2. During the Environmental Tour on 12/12/22 at 3:40 p.m. through 4 p.m., the Administrator provided no further information when informed in regards to the call lights not in reach of the residents.</p> <p>During an observation with the Administrator present on 12/12/22 at 3:49 p.m., Resident U was sitting in the wheelchair, the call light was on the floor. He indicated the call light being in the dresser drawer was "ok", though he had to scoot in the bed to reach it.</p> <p>Residents Q, R, S, T, and U's records were reviewed on 12/13/22 at 3:30 p.m. through 3:53 p.m. The residents were identified and care planned as a fall risk. Residents Q, R, S, and T's interventions indicated the call light would be placed in reach and they would be encouraged to use the call lights.</p> <p>A facility call light policy, dated 11/28/12 and</p>		<p><i>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: Resident Q, R, S, T, U's call light was placed in resident's reach.</p> <p>All residents will have call light within reach to ensure residents can summon for help at the bedside.</p> <p>2) How the facility identified other residents: All residents have the potential to be affected by this deficient practice.</p> <p>3) Measures put into place/ System changes: All resident in the facility will have call light within reach to call for assistance when needed. Facility staff have been re-educated relative to Reasonable Accommodations Needs/Preferences, including but not limited to, ensuring that resident call lights are always within reach when residents are in their rooms.</p>	

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F 0584 SS=E Bldg. 00	<p>received from the Administrator as current, indicated the call light system would be easily accessible to the residents.</p> <p>This Federal tag relates to Complaint IN00389274.</p> <p>3.1-3(v)(1)</p> <p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p>		<p>4) How the corrective actions will be monitored: DON/Designee will do 5 random call light audits on business days x 4 weeks, then 3 random call light audits a week for 2 weeks then 1 random call light audit per 1 week until compliance is met. 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: 12/27/2022</p>	

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	<p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview, and record review, the facility failed to ensure temperature levels were comfortable for residents, related to heaters set on temperatures below 71 degrees, turned off, not working properly, and/or set on cool settings, for 5 of 29 resident rooms observed and reviewed for temperatures. (Residents V, W, X, U, Y)</p> <p>Findings include:</p>	F 0584	<p>Aperion- Tolleston Park</p> <p>Complaint Survey</p> <p>Compliance 12/27/2022</p> <p>F 584 Safe/ Clean/Comfortable/ Home-like Environment</p>	12/27/2022

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	<p>1. During an observation and interview on 12/12/22 at 9:06 a.m., Resident V's room was cool when entered. The resident indicated she was cold and requested another blanket. The heater in the room was turned off.</p> <p>On 12/12/22 at 9:17 a.m., the Assistant Maintenance Director entered the room and the temperature in the room, when checked was 71 degrees. He checked the heater and indicated it was not working and he had not been told it was not working.</p> <p>2. On 12/12/22 at 9:23 p.m., Resident W's room was entered and the room was cool. The heater was set to 61 degrees. The residents were not in the room. The Assistant Maintenance Director recorded the room temperature at 57.5. He indicated when the heater was set to a low temperature, it would freeze up and acknowledged the heater was not running.</p> <p>Resident W was interviewed on 12/13/22 at 8:15 a.m., he indicated his room had sometimes been cold, though he was not cold today.</p> <p>3. On 12/12/22 at 9:25 a.m., the heater in Resident X's room observed as turned off. Both residents in the room were sleeping and covered with blankets.</p> <p>Resident X indicated at 9:31 a.m., he could use another blanket. The Assistant Maintenance Director indicated the temperature in the room was recorded at 62.2.</p> <p>4. On 12/12/22 at 9:48 a.m., the heater in Resident U's room was turned off. The resident was in bed and covered. He indicated he was cold. QMA 1</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:</p> <p>Resident V's heater was serviced by maintenance department and restored to working order. Residents W, X, U, and Y's heaters were turned on and set to a comfortable temperature.</p> <p>2) How the facility identified other residents: All residents have the potential to be affected by the same deficient practice.¿ ¿</p> <p>3) Measures put into place/ System changes: Facility staff have been educated relative to</p>	

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	<p>entered the room and indicated the heater had been turned off and turned the heater on at that time.</p> <p>5. On 12/12/22 at 9:28 a.m., Resident Y indicated she was cold. The heater in the room was set to 65 degrees and cool. The Assistant Maintenance Director recorded the temperature at 70.5.</p> <p>During an interview on 12/12/22 at 9:17 a.m., the Assistant Maintenance Director indicated random room temperatures were usually checked twice a month.</p> <p>This Federal tag relates to Complaint IN00389137.</p> <p>3.1-19(h)</p>		<p>Safe/Clean/Comfortable/Homelike Environment, including but not limited to, ensuring that resident's rooms are at a temperature comfortable for the resident, and ensuring that any malfunctioning equipment is reported to maintenance for repair.</p> <p>Maintenance/ Designee will ensure that the facility remains at a comfortable temperature for all residents.</p> <p>After facility wide audit, the Maintenance/designee will audit 5 ptac's weekly for 4 weeks then monthly thereafter to ensure that resident's Ptac's are working properly.</p> <p>Maintenance/Designee will randomly select 5 residents weekly for 4 weeks, then monthly thereafter, to ensure their room temperature is set at a comfortable level.</p> <p>4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 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:</p>	

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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, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observations, interview, and record review, the facility failed to maintain a sanitary and homelike environment, related to resident rooms, hallways, and Nurses' Stations with dirty floors, meal trays left in a room, soiled bed linen, bed not made timely, over the bed tables in disrepair, missing slats on the window blinds, bed pans not stored in a sanitary manner, bar soap and unlabeled personal liquid soaps stored on the sink shared by two residents, torn and dirty floor mats, a non-functioning electric bed, dried liquid feeding on the floor and feeding pump pole, and peeling vinyl on a resident room chair, for 13 of 29 rooms observed (101, 102, 111, 119, 116, 131, 123, 126, 231, 224, 211, 217, 330) on 3 of 4 Units (100, 200 & 300), and 1 of 4 Nurses' Stations (200 Unit) .</p> <p>Findings include:</p> <p>1. During the Initial Tour of the facility on 12/12/22 at 8:46 a.m. through 10:05 a.m., the following was observed:</p> <p>a. The floor was dirty with a dried substance in the bedroom and bathroom of Room 101.</p> <p>b. There were two bedpans stored stacked on top of each other on the floor, an opened bar soap, and two bottles of liquid soap was stored on the sink in the bathroom of Room 102, which was shared by two residents.</p>	F 0921	<p>12/27/2022</p> <p>Aperion- Tolleston Park</p> <p>Complaint Survey</p> <p>Compliance 12/27/2022</p> <p>F921 Safe/Functional/Sanitary/Comfortable Environment</p> <p>The facility requests paper compliance for this citation. <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) 1) Immediate actions taken for those residents identified:</p>	12/27/2022

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	<p>c. There were two dirty over the bed tables and a torn and dirty floor mat next to the window bed in Room 111.</p> <p>d. The over the bed table in Room 119 window bed had bubbled and peeling veneer.</p> <p>e. The bed in Room 116 by the door was unmade and had a large amount of black lint on the bottom sheet. The over the bed table had missing veneer, and there were black stains on the base of the table.</p> <p>f. There was a mat on the floor in Room 131 that was torn and the trim was loose on the over the bed table.</p> <p>g. The over the bed table in Room 123 had missing veneer and the bed by the window had beige stains on the bottom sheet.</p> <p>h. The over the bed table in Room 126 had bubbled veneer and a slat from the window blind was on the floor.</p> <p>i. A resident was sitting at the 200 Unit Nurses' Station, eating breakfast off of an over the bed table. The table had a large amount of the veneer missing.</p> <p>j. The electric bed by the door in Room 231 was not functioning when CNA 1 attempted to raise the head of the bed.</p> <p>l. The over the bed table in room 224 was dirty.</p> <p>m. There was dried liquid feeding on the floor and the base of the feeding pump pole in Room 211.</p>		<p>Room 101 bedroom and bathroom floor was cleaned.</p> <p>Room 102 bed pans and toiletries were stored properly.</p> <p>Room 111 over the bed table and floor mat was cleaned.</p> <p>Room 119 bedside table was replaced.</p> <p>Room 116-1 over the bed table was replaced. The bed linen was replaced and made.</p> <p>Room 131- 1 floor mat was replaced.</p> <p>Room 123-2 over the bed table and bed linen were replaced.</p> <p>Room 126-2 over the bed table and window blind were replaced</p> <p>The over the bed table at the Nurse's station was discarded.</p> <p>Room 224 over the bed table was cleaned</p> <p>Room 211-2 floor was cleaned and feeding pump pole was replaced.</p> <p>The base board in the hallway near room 228 was replaced.</p> <p>The Chair in room 217 was removed. The floor was clean. The pill was discarded properly. The meal tray was removed, and the blind was replaced.</p> <p>Room 330 over the bed table was replaced.</p> <p>Room 231 bed linen was replaced, and electric bed repaired.</p> <p>2) 2) How the facility identified other residents: All residents have the potential to be affected by this deficient</p>	

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	<p>n. The baseboard on the wall in the hallway outside of Room 228 was missing.</p> <p>o. The vinyl on the seat of a chair in room 217 was peeling off. The bed by the window had crumbs/dirt underneath, and a round white item which resembled a pill was under the bed. There was a window blind slat on the floor, and a meal tray with carrots on the plate on the dresser next to the bed.</p> <p>p. The veneer on the over the bed table was missing in Room 330.</p> <p>2. During an observation on 12/12/22 at 1:10 p.m., the bed by the door in Room 231 was empty, unmade, and there were dark red streaks on the bottom sheet on the bed.</p> <p>On 12/12/22 at 3:47 p.m., the bed by the door in Room 231, was made. The Administrator pulled back the covers on the bed and the dark red streaks remained on the bottom sheet. She attempted to use the buttons on the electric bed and the bed was not functional.</p> <p>3. An Environmental Tour was completed with the Administrator on 12/12/22 from 3:40 p.m. through 4 p.m. She acknowledged all the above.</p> <p>The Resident in Room 116 indicated no one had made her bed all day and the black lint was from her socks.</p> <p>The Administrator picked up the round white object from under the window bed in Room 217 and acknowledged the item was a pill. She indicated the tray that was left in the room was from lunch on Sunday, per the dietary card on the tray.</p>		<p>practice.</p> <p>3) 3) Measures put into place/ System changes: Staff was in-serviced on notifying Maintenance Director/Environmental Manage and staff when environment needs to be repaired or cleaned.</p> <p>4) 4) How the corrective actions will be monitored: The Interdisciplinary team will do Angel rounds 5 days a week to identify cleanliness of each room and environmental items that need to be repaired. 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: 12/27/22</p>	

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	<p>A cleaning-sanitizing bedside equipment policy, dated 11/28/12 and received from the Administrator as current, indicated bedpans were to be stored in separate plastic bags in the shared resident bathroom and were to be appropriately labeled to indicated which resident it belonged to.</p> <p>An undated daily cleaning checklist, received from the Maintenance Director on 12/13/22 at 3:13 p.m. as current, indicated the over the bed table and all floor surfaces were to be cleaned daily. The bed was to be made with appropriate linens.</p> <p>This Federal tag relates to Complaints IN00387641, IN00389137, and IN00396417.</p> <p>3.1-19(f) 3.1-19(f)(5)</p>			