

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

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>155702</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>00</b><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><b>09/27/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>APERION CARE PERU</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1850 WEST MATADOR ST<br/>PERU, IN 46970</b> |                                                                                                                          |                                                    |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                         |
| F 0000<br><br>Bldg. 00                                   | <p>This visit was for the Investigation of Complaint IN00241576.</p> <p>Complaint IN00241576 - Substantiated. Federal/State deficiencies are cited at F456.</p> <p>Survey dates: September 26 and 27, 2017.</p> <p>Facility number: 003130<br/>Provider number: 155702<br/>AIM number: 200386750</p> <p>Census Bed Type:<br/>SNF: 13<br/>NF: 49<br/>Total: 62</p> <p>Census Payor Type:<br/>Medicare: 10<br/>Medicaid: 49<br/>Other: 3<br/>Total: 62</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on October 2, 2017.</p> | F 0000                                                                                  |                                                                                                                          |                                                    |

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.

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>155702</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X3) DATE SURVEY<br>COMPLETED<br><b>09/27/2017</b> |
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| F 0456<br>SS=F<br>Bldg. 00                               | <p><b>483.90(d)(2)(e)</b><br/><b>ESSENTIAL EQUIPMENT, SAFE<br/>OPERATING CONDITION</b></p> <p>(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>(e) Resident Rooms<br/>Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.<br/>Based on interview and record review, the facility failed to ensure their cooling system was maintained in operating condition with outside temperatures exceeding 90 degrees Fahrenheit (F). This deficient practice had the potential to affect 62 of 62 residents who reside in the facility.</p> <p>Finding includes:</p> <p>On 9/26/17 at 11:00 A.M., an initial tour of the facility was conducted with the Executive Director (ED) of the facility. The following observations were made:</p> <p>On the Main Hall a large air conditioning unit was noted in the hallway as well as a large blower and window heating and air conditioning units and boxed fans were noted in various resident rooms of the hall. A few rooms had large air conditioning units installed in them.</p> | F 0456                                                                                  | <p><b>Essential Equipment, Safe<br/>Operating Condition</b></p> <p><b>Maintain all mechanical, electrical and patient care equipment in safe operating condition.</b></p> <p><b>Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.</b></p> <p><i>The Aperion Care, Peru requests paper compliance for this one citation.</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</i></p> | 09/27/2017                                         |

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|                                                          | <p>On the Memory Care Unit, 2 large air conditioning units were noted, one was located in the dining area of the unit and the other was located in the common area of the unit. Various window heating and air conditioning units and boxed fans were noted in resident rooms.</p> <p>On the Behavioral Unit, 2 large air conditioning units were noted, one located by the dining area and the other in the television room. Both large and smaller air conditioning units as well as boxed fans were noted in resident rooms. A few rooms had large air conditioning units installed in them.</p> <p>During the initial tour, the ED conducted temperature readings of each room that housed residents, the following are the highest temperatures that were found during the initial tour:</p> <p>On the Main Hall one room was found with a temperature of 83 degrees and another was found with a temperature of 82.5 degrees. The residents of each room were in the common area during the tour.</p> <p>On the Memory Care Unit, one room had a temperature of 83 degrees. The resident who resided in that room was in the common area of the unit.</p> |                                                                                         | <p><i>Federal and State law.</i></p> <p>Corrective Action(s):</p> <p><b>Immediate action taken for those residents identified:</b></p> <p>All residents were identified, the facility has a portable air chiller on site, this unit will remain on site until the air chiller is no longer needed. The length of time the chiller will remain on the property will be indicated by the outside temperatures.</p> <p><b>How will the facility identify other residents potentially affected.</b></p> <p>All residents could be affected; however, facility managers continue to check temperatures in all areas of the facility making thermostat adjustments accordingly.</p> <p><b>Measures put in place/systems changed:</b></p> <p>Ongoing facility temperature checks to ensure facility remains within the required range of 71° to 81°</p> |                                                    |

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|                                                          | <p>On the Behavioral Health Unit temperatures 8 rooms had a temperature of 80.5 degrees.</p> <p>During an interview with the ED, conducted at that time, the ED indicated the facilities air conditioning system had stopped working on Friday September 22nd and smaller, individual air conditioning units were brought in to maintain temperatures until the cooling unit could be either fixed or replaced.</p> <p>Between 9/26/17 at 10:37 A.M., and 9/27/17 at 3: 05 P.M., confidential interviews were conducted.</p> <p>Staff person 1 indicated the air conditioning system had stopped working all together on Friday, September 22, 2017 and since then a large number of staff members had worked together to install air conditioners, box fans, take room temperatures, and pass ice water, in an effort to keep the residents of the facility comfortable and safe. Staff person 1 indicated the facilities cooler had not been working properly all summer and they did not know why it had not been fixed or replaced. "...The resident's deserved better...."</p> <p>Staff person 2 indicated the facility air conditioning system had not been</p> |                                                                                         | <p>Maintenance Director completed in-service reviewing comfortable safe environment.</p> <p>Heinz organization contacted for development of a heating/cooling system that is functional for the age of the building and meets all current safety codes (see attachments Heinz agreement)</p> <p>Heinz agent was at the building on 10/11/17 to begin the engineering and development of a system that meets the safety codes and will be functional for the size and age of the building (see attachment Heinz bill)</p> <p><b>How will the corrective action be monitored?</b></p> <p>The facility to continue monitor temperatures two times daily.</p> <p>The results of these audits will be reviewed in Quality Assurance Meetings monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendation to revise the plan of correction as indicated.</p> <p><b>Date of Compliance:</b> 9/27/2017</p> |                                                    |

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|                                                          | <p>working properly for awhile and it quit working all together on Friday, (9/22/17). Staff person 2 indicated the facility staff was exhausted as they had all been working pretty much around the clock to ensure temperatures were maintained at a safe and comfortable level for the residents of the facility. Staff person 2 indicated the Executive Director of the facility had gone out and bought all the air conditioning units a local store had as well as purchasing boxed fans to aide in keeping room temperatures in a normal range.</p> <p>During an interview, on 9/26/17 at 2:00 P.M., the ED indicated the air conditioning system had been a struggle to maintain all summer long. The ED provided documentation of various attempts with a local heating and air conditioning company to repair the cooling system. The ED indicated the cooler was now not operational at all and she had been told by the local heating and air conditioning company that it was beyond repair. She indicated she had notified her corporate office and they had her purchase air conditioning units and keep her updated of the facilities ability to maintain their room temperatures within regulatory range. On Sunday, 9/24/17 she notified the corporate office that it was getting harder to maintain</p> |                                                                       |                                                                                         |                                                                                                                          |

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|                                                          | <p>room temperatures.</p> <p>On 9/26/17 at 3:30 P.M., a review of the local weather station logs indicated high temperatures for the following dates<br/>,"...9/22/17 High 90.32 degree F.,9/23/17 90.14 degrees F., 9/24/17 90.86 degrees F., 9/25/17 89.42 degrees F...."</p> <p>On 9/26/17 at 4 P.M., a review of the temperature logs from 9/22/17 through 9/26/17, provided by the Executive Director were reviewed and found to be mostly between 71 degrees and 81 degrees with a pattern of a decrease in room temperatures noted in the afternoon of 9/26/17.</p> <p>On 9/27/17 at 12: 17 P.M., an interview was conducted with the local heating and air conditioning company representative. The representative indicated his company had been called to the facility numerous times to repair the chiller system that was installed in 1965. The representative indicated the last chiller was no longer working and that the long term care company was in the process of working with an engineer to decide what was best by way of either repairing the existing system or replacing it.</p> <p>This Federal tag is related to Complaint IN00241576.</p> |                                                                       |                                                                                         |                                                                                                                          |

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OMB NO. 0938-0391

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|                                                          | <b>3.1-19(bb)</b>                                                                                                            |                                                                       |                                                                                         |                                                                                                                          |