

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

PRINTED: 12/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155799		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/15/2024	
NAME OF PROVIDER OR SUPPLIER  APERION CARE MARION LLC				STREET ADDRESS, CITY, STATE, ZIP COD 614 WEST 14TH STREET MARION, IN 46953			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00446556 and IN00446339.</p> <p>Complaint IN00446556 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446339 - Federal/State deficiencies related to the allegations are cited at F726 an F760.</p> <p>Survey dates: November 14 and 15, 2024</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Census Bed Type: SNF: 6 SNF/NF: 51 Residential: 14 Total: 71</p> <p>Census Payor Type Medicare: 6 Medicaid: 8 Other: 43 Total: 57</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 25, 2024.</p>			F 0000			
F 0726 SS=D Bldg. 00	<p>483.35(a)(3)(4)(c) Competent Nursing Staff</p> <p>Based on interview and record review, the facility failed to ensure nursing staff were competent in</p>			F 0726	<p>Tag number: F726 I. What corrective action(s)</p>		12/05/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tamera Shirels

ED

12/12/2024

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 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 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>the administration of controlled medications as evidenced by RN 1 administering two opioid analgesics together to a resident (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/14/24 at 11:27 a.m. Diagnoses included cervical region spinal stenosis, type 2 diabetes, muscle wasting and atrophy, abnormalities of gait and mobility, and depression.</p> <p>Physician orders for October 2024 indicated the resident had an order for hydrocodone-acetaminophen (opioid analgesic) 10-325 mg every 6 hours as needed for pain, dated 10/10/24 and discontinued on 10/18/24. An order for hydromorphone (opioid analgesic) 4 mg every 4 hours as needed for severe pain was dated 10/11/24 and discontinued 10/18/24.</p> <p>The Medication Administration Record (MAR) for October 2024 indicated the following for Resident B:</p> <p>a. RN 1 administered hydrocodone-acetaminophen 10-325 mg on 10/12/24 at 10:38 p.m. On 10/12/24 at 10:35 p.m., hydromorphone 4 mg was given. The pain rate documented was 8 out of 10.</p> <p>b. RN administered hydrocodone-acetaminophen 10-325 mg and hydromorphone 4 mg on 10/13/24 at 11:49 p.m. The pain rate documented was 10 out of 10.</p> <p>c. RN 1 administered hydrocodone-acetaminophen 10-325 mg and hydromorphone 4 mg on 10/17/24 at 1:08 a.m. The pain rate documented was 8 out of 10.</p>				<p>will be accomplished for those residents found to have been affected by the deficient practice; Resident B was assessed, no negative outcomes identified. Medication orders and care plans reviewed and updated as required. Notified family and physician.</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; All residents residing in the facility have a potential to be affected. Medication orders and care plans will be reviewed and updated as required, daily Monday-Friday in clinical meeting, by printing off daily order report.</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; All nurses and qualified medication assistants were educated on prevention of medication errors for narcotics and medication administration. on-going education with</p> <p>IV. How the corrective</p>		

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F 0760 SS=E Bldg. 00	<p>d. RN 1 administered hydrocodone-acetaminophen 10-325 mg on 10/17/24 at 7:23 p.m. At 7:40 p.m. on 10/17/24, hydromorphone 4 mg was given. The pain rate documented was 8 out of 10.</p> <p>RN 1 was unavailable for interview during the survey.</p> <p>During an interview on 11/15/24 at 2:13 p.m., the DON indicated hydrocodone-acetaminophen and hydromorphone should not be given together.</p> <p>Review of a National Institute on Drug Abuse article "Opioids," dated November 2024 and retrieved from <a href="https://nida.nih.gov/research-topics/opioids#health-risks">https://nida.nih.gov/research-topics/opioids#health-risks</a>, indicated the following: "...Taking opioids with other drugs raises the likelihood of harm. Health risks associated with opioids, including risk of overdose, can be even greater when a person uses more than one drug...."</p> <p>This citation relates to Complaint IN00446339.</p> <p>3.1-13(r)(2)</p> <p>483.45(f)(2)</p> <p>Residents are Free of Significant Med Errors</p> <p>Based on record review and interview, the facility failed to prevent a significant medication administration error for 1 of 5 residents reviewed for medication administration. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/14/24 at 11:27 a.m. Diagnoses included</p>			F 0760	<p>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 Director of Nursing/Designee will review all new admission orders for accuracy and documentation. Any noted issues will be immediately addressed by 1:1 education and or disciplinary action.</p> <p>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>Tag number: F760</p> <p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B was assessed, no negative outcomes identified. Medication orders and care plans reviewed and updated as required.</p>		12/05/2024

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