

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

PRINTED: 05/13/2024

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155042 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 04/19/2024 | |
| NAME OF PROVIDER OR SUPPLIER APERION CARE VINCENNES | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3801 OLD BRUCEVILLE ROAD, BOX 136 VINCENNES, IN 47591 | | | |
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| F 0000 Bldg. 00 | This visit was for the Investigation of Complaint IN00431340. Complaint IN00431340: Deficiencies related to the allegations are cited at F554, F656, and F677. Survey dates: April 18 & 19, 2024 Facility number: 000016 Provider number: 155042 AIM number: 100291500 Census Bed Type: SNF/NF: 83 Total: 83 Census Payor Type: Medicare: 5 Medicaid: 68 Other: 10 Total: 83 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on April 24, 2024. | | | F 0000 | | | |
| F 0554 SS=D Bldg. 00 | 483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure that a resident was clinically appropriate to administer their own medications without supervision by qualified staff | | | F 0554 | What Corrective Action(s) Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient | | 05/07/2024 |

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

TITLE

(X6) DATE

Ashli Wesley

Administrator

05/03/2024

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 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>during a random observation during the survey. A resident was alone in their room with a cup of medications sitting at their bedside table. (Resident F)</p> <p>Finding includes:</p> <p>During an observation and interview on 4/19/24 at 11:40 A.M., Resident F was sitting up in their bed at a bedside table. A medication cup holding six medication tablets and/or capsules had been placed on the bedside table. Resident F indicated not knowing what the medications were and that she intended to take the medications after lunch.</p> <p>During record review on 4/19/24 at 12:15 P.M., Resident F's diagnoses included, but were not limited to heart failure and anxiety.</p> <p>Resident F's most recent Quarterly MDS (Minimum Data Set) assessment dated 4/3/24 included that the resident had no cognitive impairment.</p> <p>Resident F's physician orders included, but were not limited to, Cardizem 180 mg (milligrams) 1 capsule, lisinopril 5 mg 1 tablet, ferrous sulfate 325 mg 1 tablet, tramadol 50 mg 1 tablet, potassium chloride 1 tablet, and furosemide 40 mg 1 tablet, all ordered to be administered at noon.</p> <p>No physician order to self administer medication was in the record.</p> <p>No medication self-administration assessments were found in Resident F's record.</p> <p>During an interview on 4/19/24 at 2:40 P.M., LPN 5 indicated that Resident F should be supervised when taking her medications.</p> | | | | <p>Practice: Resident F will be evaluated for self-administration of medication, if able to self-administer per assessment, MD order and Care plan will be implemented. Nursing Staff will be re-educated on proper administration of medication. DON/ADON/Designee will audit and monitor progress to ensure ongoing compliance.</p> <p>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> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>What Measures Will Be Put into Place and What Systemic Changes Will Be Made to Ensure That the Deficient Practice Does Not Recur:</p> <p>Nursing staff will be re-educated on the proper procedure on medication administration as it pertains to resident's request to keep medication at bedside, including over-the-counter medications and the proper procedure for evaluating a resident for self-administration of medications.</p> | | |

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| F 0656 SS=D Bldg. 00 | <p>On 4/19/24 at 2:45 P.M., the DON (Director of Nursing) indicated that resident's who do not administer their own medications should be observed during medication administration and that nursing staff should not leave a resident with their medications.</p> <p>On 4/19/24 at 3:15 the Facility Administrator supplied a list of residents who self-administered their medications. Resident F was not on the medication self-administration list.</p> <p>ON 4/19/24 at 3:20 P.M., the Facility Administrator supplied a facility policy titled Self-Administration of Medication, dated 04/2014. The policy included, "...1. A resident may not be permitted to administer or retain any medication in his/her room unless so ordered, in writing, by the attending physician..."</p> <p>This citation relates to complaint IN00431340.</p> <p>3.1-11(a)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest</p> | | | | <p>How The Corrective Action(s) Will Be Monitored to Ensure the Deficient Practice Will Not Recur:</p> <p>DON/ADON/Designee will monitor progress to ensure compliance and appropriate measures are in place 3 times per week times 4 weeks, then 2 times per week times 4 weeks, then weekly times 2 months, then monthly times 2 months. Any negative findings will be forwarded to the Administrator and corrected immediately and will result in re-education and/or disciplinary action.</p> <p>Date of Completion: 05-07-2024</p> | | |

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| | <p>practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's plan of care was followed for 1 of 4 resident care plans reviewed. A resident did not receive care from at least 2 staff members according to the resident's plan of care, resulting in an allegation of</p> | | | F 0656 | <p>F656</p> <p>What Corrective Action(s) Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice: Resident B behavior</p> | | 05/07/2024 |

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| | <p>staff negligence. (Resident B)</p> <p>Finding includes:</p> <p>During an observation and interview on 4/19/24 at 10:50 A.M., Resident B indicated that he had recently been hospitalized and received a feeding tube after nursing staff had administered his medications orally while Resident B was lying flat in bed, causing a medication to get stuck in the resident's throat and "burn a hole" in his throat. During the interview, Resident B was sitting up in a wheelchair, eating ice chips. On two occasions the resident had trouble swallowing the ice and began coughing.</p> <p>During record review on 4/18/24 at 11:30 A.M., Resident B's diagnoses included, but was not limited to, cerebral infarction, dysphagia, cognitive communication deficit, and hemiplegia.</p> <p>Resident B's most recent Quarterly MDS (Minimum Data Set) assessment, dated 3/29/24 included that the resident had moderate cognitive impairment, one sided impairment to both upper and lower extremities, was dependent with changes in positioning, including lying to sitting, and had a feeding tube.</p> <p>Resident B's physician orders included, but were not limited to consistent carbohydrate diet, regular texture and regular consistency (discontinued 2/16/24).</p> <p>Resident B's care plan included, but was not limited to, resident requires bolus tube feeding due to dysphagia (initiated 2/26/24), resident is at risk for aspiration related to dysphagia (initiated 1/27/22), and resident reported to fabricate stories about employees. When in resident room, ensure</p> | | | | <p>care plans were reviewed and updated to include targeted behaviors, behavior triggers and individualized interventions. Staff will be educated on following the plan of care. 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 have the potential to be affected by the same deficient practice. Staff educated on following resident specific plan of care. DON/MDS/Designee will perform audits and monitor progress to ensure ongoing compliance. What Measures Will Be Put into Place and What Systemic Changes Will Be Made to Ensure That the Deficient Practice Does Not Recur: Staff will be educated in following the plan of care for residents. The interdisciplinary team will monitor staff to meet requirements for developing person-centered care plans that include individualized symptoms, risk factors/triggers and interventions. How The Corrective Action(s) Will Be Monitored to Ensure the Deficient Practice Will Not Recur: DON/MDS/Designee will monitor progress to ensure compliance and appropriate measures are in place 3 times per week times 4 weeks, then 2 times per week times 4 weeks, then</p> | | |

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| | <p>there are two staff in room (initiated 9/7/22).</p> <p>Resident B's nurse's progress notes included the following: 2/16/24 at 2:24 P.M., Resident coughed on pill, it got stuck and dissolved in back of throat causing resident to produce a lot of phlegm. Lungs congested, resident continued to cough as day went on. Order given to send to emergency department for evaluation.</p> <p>2/24/24 at 2:59 P.M., Resident returned from hospital. Resident is on an NPO (Nothing by Mouth) diet and gets feeding via PEG (Percutaneous Endoscopic Gastrostomy) tube.</p> <p>During a review of the facility's investigation into the incident on 2/16/24, an undated telephone interview with QMA 10 included that the QMA went into Resident B's room for morning medication pass, elevated the resident's bed so his head was up, then Resident B took his pills whole one at a time. Resident B told QMA 10 that he felt like a pill was stuck in his throat. QMA 10 gave Resident B more water and encouraged him to clear his throat. QMA 10 reported to the nurse on duty that the resident reported difficulty with pill. QMA 10 indicated continuing to check on Resident B frequently and that the resident has had trouble with swallowing and choking in the past.</p> <p>During an interview on 4/19/24 at 10:30 A.M., ST 7 (Speech Therapist) indicated that Resident B had aspirated on oral medications on 2/16/24. ST 7 indicated that Resident B had waved to her as she passed his room around noon on 2/16/24 to tell her he had a pill stuck in his throat. Resident B indicated that nursing staff had given him his</p> | | | | <p>weekly times 2 months, then monthly times 2 months. Any negative findings will be forwarded to the Administrator and corrected immediately and will result in re-education and/or disciplinary action. Date of Completion: 05-07-2024</p> | | |

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| F 0677 SS=D Bldg. 00 | <p>medications while lying flat causing the pill to become stuck in his throat. ST 7 indicated the staff member denied giving the resident his medications while lying flat.</p> <p>During an interview on 4/19/24 at 12:38 P.M., LPN 9 indicated that 2 staff should be present when providing care to Resident B due to behaviors.</p> <p>During an interview on 4/19/24 at 2:50 P.M., the Facility Administrator indicated that there were not any other witnesses to confirm or deny that Resident B had been administered medications while lying flat on 2/16/24.</p> <p>On 4/19/24 at 3:20 P.M., the Facility Administrator supplied a facility policy titled Comprehensive Care Plan, dated 11/28/12. The policy included, "...The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs..."</p> <p>This citation is related to complaint IN00431340.</p> <p>3.1-35(g)(1)</p> <p>483.24(a)(2)</p> <p>ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with bathing for 2 of 3 residents reviewed for activities of daily living (ADLs). Residents did not</p> | | | F 0677 | <p>F677</p> <p>What Corrective Action(s) Will Be Accomplished for Those Residents Found to Have Been</p> | | 05/07/2024 |

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| | <p>receive assistance with ADL's (bathing) according to the plan of care and bathing schedule. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. During an observation on 4/19/24 at 10:50 A.M., Resident B was sitting up in a wheelchair. Resident B had multiple stains on the front of his shirt.</p> <p>During an interview on 4/19/24 at 12:45 P.M., Resident B's family member indicated that Resident B had went 23 days while only receiving two showers. Resident B had yeast growing in the palm of his left hand.</p> <p>During record review on 4/18/24 at 11:30 A.M., Resident B's diagnoses included, but was not limited to, cerebral infarction, cognitive communication deficit, and hemiplegia.</p> <p>Resident B's most recent Quarterly MDS (Minimum Data Set) assessment, dated 3/29/24 included that the resident had moderate cognitive impairment, one sided impairment to both upper and lower extremities, and was dependent with bathing.</p> <p>Resident B's care plan included but was not limited to, self care deficit: ADLs. Residents ADL needs will be met by staff with assistance from resident as tolerated. Interventions included, but were not limited to, Shower days per resident preference.</p> <p>Resident B's scheduled shower days were Mondays and Thursdays.</p> <p>During review of Resident B's documented</p> | | | | <p>Affected by The Deficient Practice: Resident B and Resident C showers are being offered on scheduled shower days, per resident preference, and documented. 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 have the potential to be affected by the same deficient practice. Nursing staff educated on importance of following shower schedule and documentation. DON/ADON/Designee will audit and monitor progress to ensure ongoing compliance 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 CNAs have been in-serviced on following shower schedule and documenting on shower schedule and refusal. All Nurses/CNAs have been in-serviced on maintaining dignity of all residents. DON or Designee will conduct daily audits for 5 residents a week x 2 months than How The Corrective Action(s) Will Be Monitored to Ensure the Deficient Practice Will Not Recur: DON/ADON/Designee will monitor progress to ensure compliance and appropriate measures are in place 3 times per week times 4 weeks, then 2 times</p> | | |

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| | <p>bathing from 3/19/24 thru 4/19/24, the following showers/complete bed baths were provided: Shower on 3/21/24, bed bath on 3/25/24 and 3/28/24, and a shower on 4/18/24.</p> <p>2. During an observation on 4/19/24 at 11:05 A.M., Resident C was sitting up in a recliner with his eyes closed. A soiled towel was on the floor in front of the resident's recliner.</p> <p>During record review on 4/19/24 at 10:00 A.M., Resident C's diagnoses included, but were not limited to, nontraumatic intracranial hemorrhage, difficulty in walking, nausea with vomiting, morbid obesity, and major depressive disorder.</p> <p>Resident C's most recent Quarterly MDS (Minimum Data Set), dated 4/5/24, included that the resident had no cognitive impairment and required substantial to maximum assistance with bathing.</p> <p>Resident C's care plan included but was not limited to, self care deficit: ADLs. Residents ADL needs will be met by staff with assistance from resident as tolerated. Interventions included but were not limited to, shower days per resident preference (initiated 1/17/24).</p> <p>During review of Resident C's documented bathing from 3/19/24 thru 4/19/24, the following showers/complete bed baths were provided: Resident refused bathing on 3/26/24, bed bath on 3/29/24, shower 4/5/24, shower 4/12/24, and a shower on 4/16/24.</p> <p>During an interview on 4/19/24 at 1:35 P.M., CNA 4 indicated all residents should receive a complete bed bath or a shower, per their preference, at least twice weekly. Staff should offer bathing on the</p> | | | | <p>per week times 4 weeks, then weekly times 2 months, then monthly times 2 months. Any negative findings will be forwarded to the Administrator and corrected immediately and will result in re-education and/or disciplinary action. Date of Completion: 05-07-2024</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155042 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 04/19/2024 | |
| NAME OF PROVIDER OR SUPPLIER APERION CARE VINCENNES | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3801 OLD BRUCEVILLE ROAD, BOX 136 VINCENNES, IN 47591 | | | |
| (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 |
| | <p>residents' scheduled shower days and document in the residents' record the type of bathing that occurred. Should the resident refuse their bathing, staff should document the refusal.</p> <p>On 4/19/24 at 4:40 P.M., the Facility Administrator supplied a facility policy titled, Bathing - Shower and Tub Bath, dated 1/31/18. The policy included, "...A shower, tub bath, or bed/sponge bath will be offered according to resident's preference two times per week or according to the resident's preferred frequency and as needed or requested..."</p> <p>This citation is related to complaint IN00431340.</p> <p>3.1-38(b)(2)</p> | | | | | | |