

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

PRINTED: 06/11/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155042		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/08/2024	
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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the PSR conducted on 03/19/24 to the Life Safety Code Recertification and State Licensure Survey conducted on 02/05/24 and 02/06/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Dates: 05/08/24</p> <p>Facility Number: 000016 Provider Number: 155042 AIM Number: 100291500</p> <p>At this second PSR to the Life Safety Code survey, Aperion Care Vincennes was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a lower level was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 170 and had a census of 81 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered, including the smoking building, and all areas providing facility services were sprinklered, except, an enclosed metal carport used for storage of landscaping equipment, and a wood minibarn used for storage</p>			K 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 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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K 0271 SS=E Bldg. 01	<p>of biohazardous waste.</p> <p>Quality Review completed on 05/10/24</p> <p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to maintain the walking surface for 1 of at least 18 exit discharge areas. This deficient practice could affect at least 20 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 05/08/24 at 2:40 p.m. during a tour of the facility with the Maintenance Director, at the end of the sidewalk and the beginning of the parking lot from the F Wing exit there was an eight foot by eight foot section of the concrete that had dropped between 1 and 2 inches on one side and 3 to 4 inches on another side. The level change in the concrete could be a tripping hazard while exiting from this area in the event of an emergency. The facility had already placed a wood sawhorse in this area to warn people of the uneven surface. Based on interview at the time of observation, the Maintenance Director said the facility was already aware of the uneven surface and are in the process of figuring out how to correct the issue.</p>			K 0271	<p>K271 What Corrective Action(s) Will Be Accomplished for Those Residents Found to Have Been Affected by The Deficient Practice: No residents affected by alleged deficient practice. The facility ensures that discharges from exits are free from obstruction. Broken and un-level areas were filled with concrete as a temporary correction until Myers is able to complete the work. Quote from Myers Contracting LLC has been approved for concrete repair. The scheduled date for work to begin is mid June 2024. Barriers are in place over unleveled concrete to prevent incidents. Barriers do not impede emergency vehicle access. How Other Residents Having the Potential to Be Affected by The Same Deficient Practice Will Be Identified and What Corrective</p>		07/01/2024

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	<p>This finding was reviewed with the Administrator, Maintenance Director, and Corporate Representative during the exit conference.</p> <p>This deficient practice was cited on 02/06/24, and again on 03/19/24. The facility failed to implement proper corrective action.</p> <p>3.1-19(b)</p>		<p>Action(s) Will Be Taken: All residents, staff and visitors could be affected by this alleged deficient practice. The facility ensures that discharges from exits are free from obstruction. Broken and un-level areas were filled with concrete as a temporary correction until Myers is able to complete the work. Quote from Myers Contracting LLC has been approved for concrete repair. The scheduled date for work to begin is mid June 2024. What Measures Will Be Put into Place and What Systemic Changes Will Be Made to Ensure That the Deficient Practice Does Not Recur: The facility will continue with on-going visual inspections to identify and resolve any apparent issues in accordance with regulations. Broken and un-level areas werer filled with concrete as a temporary correction until Myers is able to complete the work. Barriers in place over un-level concrete to prevent incidents. Barriers do not impede emergency vehicle access. Life Safety Code Waiver requested. How The Corrective Action(s) Will Be Monitored to Ensure the Deficient Practice Will Not Recur: The Maintenance Director will audit monthly x 6 months to ensure the facility complies. Any concerns will be addressed as discovered. If any patterns are identified, an action plan will be written at the monthly</p>		

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					QAPI meeting by the QAPI committee. Any written action plan will be monitored by the Administrator and/or Designee monthly until resolved and substantial compliance is achieved. Date of Completion: Life Safety Code Waiver Requested 7/01/24		