STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155799	A. BUILDING 00 B. WING	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE MARION LLC	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	This visit was for the Investigation of Complaints IN00452700 and IN00453347. Complaint IN00452700 - Federal/state deficiencies related to the allegations are cited at F600. Complaint IN00453347 - Federal/state deficiencies related to the allegations are cited at F600. Survey date: February 13, 2025 Facility number: 012809 Provider number: 155799 AIM number: 201136580 Census Bed Type: SNF/NF: 50 SNF: 7 Residential: 13 Total: 70 Census Payor Type: Medicare: 7 Medicaid: 6 Other: 44 Total: 57 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed February 17, 2025.	F 0000		
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect Based on interview and record review, the facility failed to protect a resident's right to be protected	F 0600	Tag number: F600	03/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tamera Shirels	ED	02/28/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	from sexual abuse perpetrated by an employee engaging in sexually-toned conversations and behavior for 1 of 1 resident reviewed for sexual abuse. (Resident B) Findings include: A facility reportable document, dated 2/3/25 at 6:01 p.m., indicated it was reported to the DON and the Administrator that an employee, CNA 3, was texting Resident B inappropriate pictures. The employee was suspended and an investigation was initiated. During an interview on 2/13/25 at 12:45 p.m., Resident B indicated he had received pictures from CNA 3. He was okay with their relationship. He had no concerns with the situation except the CNA lost her job. He managed his own money and had given CNA 3 $50.00, but this was not for the photos. He had not asked her to send them to him, but he had not minded receiving them. CNA 3 and her husband had come to the facility to take him to a department store to buy a phone card, but were stopped by facility staff from transferring him into their vehicle. A clinical record review for Resident B was completed on 2/13/25 at 11:36 a.m. Diagnoses included history of stroke causing hemiplegia on the left side of his body, seizures, mild vascular dementia, and major depression. A quarterly Minimum Data Set (MDS) assessment, dated 1/21/25, indicated Resident B was cognitively intact. During an interview on 2/13/25 at 3:35 p.m., the DON indicated the presence of the inappropriate photos were found when CNA 5 was asked by		I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The employee was terminated. 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 have the potential to be affected by this alleged deficient practice 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 staff were in-serviced on abuse. IV. How the corrective 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 Executive Director/designee will interview 5 residents and 5 employees weekly x 4 weeks, then 3 residents and 3 employees a week for 4 weeks and then 5 residents and 5 employees monthly ongoing. The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or	

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	Resident B to help retrieve his photos on his phone. She assisted him and observed a naked photo of CNA 3. The resident then showed her two other photos that CNA 3 had sent to him. The DON received a call from LPN 6 and the photos were reported to her. The DON then received a call from a staff member reporting CNA 3 and her husband were attempting to get Resident B into their truck. The DON instructed staff to not allow the resident to leave the facility in CNA 3's personnel vehicle and to let Resident B know they would take him to the department store in the facility's vehicle at an arranged time. During an interview on 2/13/25 at 3:51 p.m., the Administrator indicated Resident B declined to indicate why he had given CNA 3 the fifty dollars, and why he was going to the department store with CNA 3 and her husband. The resident was forthcoming in providing the pictures for the investigation and were included in the investigation file. A review of the investigation file was completed on 2/13/25 at 11:59 a.m., and included staff statements, copies of photos, and questionnaires of like-residents interviewed following the notification of the photos. The filed contained three copied photos. One was a close up of a woman's vagina with the ability to identify CNA 3 based on a tattooed hand in the photo holding the vagina, a full length picture of CNA 3 without clothing, and a photo of an erect penis. A review of CNA 3's employee file on 2/13/25 at 12:18 p.m., included a valid CNA certification, two reference requests with no responses, and a background check completed prior to her start date of 7/2/24. The record indicated she completed training titled, "Abuse, Neglect and Exploitation"		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.	

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	on 7/3/24. A current facility policy, revised 5/4/22 and titled, "Abuse Prevention and Reporting - Indiana," provided by the DON on 2/13/25 at 4:00 p.m., included the following: "...Guidelines: The resident has the right to be free from abuse....Definitions: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish.....It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitation or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm...." This Federal tag relates to complaints IN00452700 and IN00453347. 3.1-27(a)(1)			