

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

PRINTED: 02/18/2025
FORM APPROVED
OMB NO. 0938-039

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|--|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155208 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/13/2025 | |
| NAME OF PROVIDER OR SUPPLIER APERION CARE HANOVER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 410 W LAGRANGE RD HANOVER, IN 47243 | | | |
| (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 Complaint IN00448227.</p> <p>Complaint IN00448227 - Federal/State deficiency related to the allegation is cited at F657.</p> <p>Survey date: January 13, 2025</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 79 Residential: 5 Total: 84</p> <p>Census Payor Type: Medicare: 3 Medicaid: 74 Other: 2 Total: 79</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 19, 2025.</p> | | | F 0000 | | | |
| F 0657 SS=D Bldg. 00 | <p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision</p> <p>Based on interview and record review, the facility failed to ensure care planned interventions were updated related to a resident's behaviors for 1 of 3 residents reviewed for care plan revision.</p> | | | F 0657 | <p>The facility requests paper compliance for this citation. <i>The Plan of Correction is the center's credible allegation of compliance.</i></p> | | 01/31/2025 |

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

TITLE

(X6) DATE

Stefanie Jenkins

Administrator

01/31/2025

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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| | <p>(Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 01/13/25 at 10:56 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 12/21/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anxiety, depression, and Huntington's disease.</p> <p>A Behavior Note, dated 12/01/24 at 8:45 A.M., indicated Resident C was involved in a physical altercation with another resident. Resident C hit another resident in the dining room.</p> <p>A Behavior Note, dated 12/11/24 at 9:17 A.M., indicated Resident C walked to the dining room for breakfast and began calling staff curse words. Once the resident saw what he was served for breakfast he became irate and banged his fist on the table threatening to hurt Registered Nurse (RN) 2. The staff attempted to offer alternatives, but Resident C continued to yell profanities at staff and entered into the nurse's station area. The Director of Nursing (DON) intervened, and the resident was reseated for breakfast, but then took the meal tray and threw it off the table.</p> <p>A Social Service Supportive Documentation Note, dated 12/19/24 at 3:15 P.M., indicated Resident C had a change in behavior that was worse than prior assessments, and he had been more verbally aggressive as well as had an increase in physical aggression.</p> <p>A Behavior Note, dated 12/20/24 at 10:25 A.M., indicated Resident C cussed at RN 2 and had thrown a full cup of coffee at her.</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 federal and state law.</i></p> <p>1 Immediate actions taken for those residents identified: Resident C: Care plan was updated and revised with individualized interventions related to behaviors.</p> <p>2 How the facility identified other residents: All residents with behaviors have the potential to be affected by the alleged deficient practice.</p> <p>3 Measures put into place/system changes The Regional Nurse Consultant conducted an in-service for the interdisciplinary team to review procedures for development of a comprehensive care plan. On 1-31-25 100% behavior care plan review completed by the IDT and updated as warranted. During the daily clinical meeting the IDT will review and update the plan of care accordingly with any new and/or changes in resident behaviors. MDS Coordinator/Director of nursing will ensure timely care plan revisions by reviewing care plans within</p> | | |

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| | <p>A Behavior Note, dated 01/07/25 at 9:52 A.M., indicated Resident C had thrown his cigarette at Licensed Practical Nurse (LPN) 3.</p> <p>A Behavior Note, dated 01/07/25 at 6:07 P.M., indicated Resident C had thrown a can of soda at a Certified Nursing Aide.</p> <p>The resident's complete care plan was provided by the Administrator on 01/13/25 at 1:30 P.M. A care plan titled, "I am/have the potential to be physically aggressive r/t poor impulse control", indicated an intervention was initiated and last updated on 11/01/24.</p> <p>A care plan titled, "I am/had potential to be verbally and physically aggressive r/t poor impulse control with juvenile Huntington's disease", indicated it was initiated on 11/01/24 and was last revised on 11/18/24.</p> <p>During an interview, on 01/13/25 at 2:13 P.M., the Social Service Director indicated that Resident C did have two care plans for the potential to be verbally or physically aggressive, but they had not been updated since November of 2024.</p> <p>During an interview, on 01/13/25 at 3:08 P.M., the MDS coordinator indicated that she had made a mistake and updated the wrong care plan after the resident to resident altercation on 12/01/24.</p> <p>The current facility policy, titled "Comprehensive Care Plan", with a revision date of 11/17/17, was provided by the MDS coordinator on 01/13/25 at 3:25 P.M. The policy indicated, "...develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or</p> | | | | <p>24-48 hours of admission, quarterly, annually and with significant changes to ensure timely revisions have occurred. Identified areas of concern will be addressed immediately.</p> <p>4 How the corrective actions will be monitored: The Director of Nursing or designee will randomly review five residents' records weekly to ensure that the care plan interventions have been updated in relation to residents behaviors. The audits will be completed 5x's week for 12 weeks and then 3 x's a week for 12 weeks. The results of these audits will be reviewed in Quality Assurance Process Improvement Meeting monthly for 6 months or until 100% compliance is achieved x 3 consecutive months.</p> <p>5 Date of compliance: 1-31-25</p> | | |

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| | maintain the resident's highest practicable physical, mental, and psychosocial well-being..." | | | | | | |
| | This citation relates to Complaint IN00448227. | | | | | | |
| | 3.1-35(d) | | | | | | |