

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

PRINTED: 09/20/2024
FORM APPROVED
OMB NO. 0938-039

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 08/20/2024	
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 Complaints IN00439814, IN00439916, and IN00440161</p> <p>Complaint IN00439814 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00439916 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00440161 - Federal/State deficiency related to the allegations is cited at F610</p> <p>Survey dates: August 19 and 20, 2024</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 62 Residential: 5 Total: 67</p> <p>Census Payor Type: Medicare: 4 Medicaid: 57 Other: 1 Total: 62</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 26, 2024.</p>			F 0000			
F 0610 SS=D Bldg. 00	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation						

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

TITLE

(X6) DATE

Stefanie Jenkins

Administrator

09/06/2024

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>Based on interview and record review, the facility failed to thoroughly investigate 1 of 1 abuse allegations reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 08/19/24 at 12:35 P.M. An Admission MDS (Minimum Data Set) assessment, dated 06/21/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, depression, and bipolar disorder.</p> <p>During an interview on 08/19/24 at 3:43 P.M., Resident B indicated a couple of weeks ago, he had been upset with the kitchen and CNA (Certified Nurse Aide) 3 had cursed at him during dinner time.</p> <p>During an interview on 08/20/24 at 11:17 A.M., LPN (Licensed Practical Nurse) 2 indicated on the evening of 07/31/24, she was in the hall outside of Resident B's room when CNA 3 exited the room. The resident's door was open, and CNA 3 said "F-- You" to the resident as she was leaving his room. She told CNA 3 to clock out and go home because she couldn't talk to a resident like that. LPN 2 phoned the Administrator and advised her of the situation. CNA 3 was back to work the next evening caring for the same residents.</p> <p>During an interview on 08/20/24 at 11:33 A.M., CNA 4 indicated she was working on the same hall as CNA 3 on 07/31/24 and heard her curse at Resident B. She and CNA 3 were both working together the next evening.</p> <p>During an interview on 08/20/24 at 12:20 P.M., the Administrator indicated she was still in the facility</p>			F 0610	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>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.</p> <p>1) Immediate actions taken for those residents identified: Resident B- SSD and Administrator conducted all follow up interview with the resident and he stated that he did not hear the CNA curse or say anything inappropriate to him. Interviews with facility staff and residents were conducted per social services related to this allegation.</p> <p>No further allegations or concerns identified through those interviews.</p> <p>2) How the facility identified other residents: Abuse investigations for the last 30 days will be reviewed to ensure a thorough investigation was completed.</p> <p>3) Measures put into place/ System changes: Abuse investigation checklists will be implemented to ensure all elements of the investigation have been completed. Administrator and IDT will be re-educated on Abuse investigation protocol.</p>		08/26/2024

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	<p>when she was advised of the situation between Resident B and CNA 3 on 07/31/24. She had interviewed Resident B and he denied CNA 3 yelling or cursing at him. The Administrator indicated she educated CNA 3 on customer service and did not do any further investigation.</p> <p>On 8/20/24, the resident's clinical recorded lacked documentation related to the allegation of CNA 3 cruising at Resident B. At 12:22 P.M., the Administrator documented her interview with Resident B, related to the allegation of CNA 3 cursing at Resident B on a notepad, tore out the page, signed the bottom of the page, and provided the information.</p> <p>The as worked daily schedule for 07/31/24 and 08/01/24 indicated LPN 2, CNA 3, and CNA 4 worked on Wing 3.</p> <p>The timecards for CNA 3 were provided by the Human Resource Manager on 08/20/24 at 11:10 A.M., and indicated the following:</p> <p>- On 07/31/24, CNA 3 clocked in at 5:37 P.M. and clocked out at 6:37 P.M.,</p> <p>- On 08/01/24, CNA 3 clocked in at 3:56 P.M. and clocked out at 3:57 A.M.</p> <p>During an interview on 08/20/24 at 12:10 P.M., the MDS Coordinator indicated during an abuse allegation investigation, all residents on the affected hall are interviewed or assessed and the employee in question was usually suspended for three days.</p> <p>The current facility policy, titled "Abuse Prevention and Reporting - Indiana", with a revision date of 10/28/22, was provided by the</p>				<p>4) How the corrective actions will be monitored: All current/open abuse investigations will be reviewed by the Interdisciplinary Team (IDT) at least once weekly to ensure investigation and checklist is completed prior to submission of final follow up report. The Administrator is responsible for oversight of these audits. The results of these audits will be reviewed in Quality Assurance Meeting monthly until an average of 100% compliance is achieved x3 consecutive weeks. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>		

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	Administrator on 08/20/24 at 2:15 P.M. The policy indicated, "...This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents...This will be done by:...Implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property, and mistreatment, and making the necessary changes to prevent further occurrences..." This citation relates to Complaint IN00440161. 3.1-28(d)						