

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

PRINTED: 07/02/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155208</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/27/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE HANOVER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 W LAGRANGE RD</b> <b>HANOVER, IN 47243</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00460364.</p> <p>Complaint IN00460364 - No deficiencies related to the allegations were cited.</p> <p>Unrelated finding cited.</p> <p>Survey date: June 27, 2025.</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 73 Residential: 6 Total: 79</p> <p>Census Payor Type: Medicare: 2 Medicaid: 69 Other: 2 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 550 SS=D	<p>Quality review completed on July 1, 2025.</p> <p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in</p>			F 550			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F 550	<p>Continued From page 1 this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 4</p>	F 550	<p>Past noncompliance: no plan of correction required.</p>		

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F 550	<p>Continued From page 2 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>During an interview, on 06/27/25 at 11:59 P.M., Resident D indicated that Certified Nursing Assistant (CNA) 2 yelled, "Shut up" at Resident B multiple times while trying to give the resident a shower a few weeks ago. Resident D explained that her room was next to the shower room, so she could hear her yelling so loud that it was echoing down the hallway.</p> <p>The clinical record for Resident D was reviewed on 06/27/25 11:51 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 05/26/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, depression and anxiety.</p> <p>During an interview and observation, on 06/27/25 at 08:27 A.M., Resident B indicated that staff were always nice to her, and nobody had ever verbally abused her at the facility. She had no concerns with care. The resident appeared well groomed and happy.</p> <p>The clinical record for Resident B was reviewed on 06/27/25 10:07 A.M. A Quarterly MDS assessment, dated 06/04/25, indicated the resident was mildly cognitively impaired. The resident's diagnosis included, but was not limited to, non-Alzheimer's dementia. She was dependent on one physical staff member for her activities of daily living related to showers.</p> <p>During an interview, on 06/27/25 at 12:22 P.M., Licensed Practical Nurse (LPN) 3 indicated that CNA 2 was getting loud with Resident B and kept</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>telling the resident to be quiet. LPN 3 told her she needed to calm down or that she would have to leave and CNA 2 calmed down.</p> <p>During an interview, on 06/27/25 at 11:28 A.M., the DON indicated that she had received a report the morning following the incident that CNA 2 yelled at Resident B telling her that she did not need to go to the bathroom. The yelling continued down the hallway to the shower room. Upon investigation CNA 2 was terminated.</p> <p>A facility document titled "Notification of Employee Termination", was provided by the Director of Nursing on 06/27/25 at 12:47 P.M. It indicated CNA 2 was terminated.</p> <p>The current facility policy titled "Dignity", with a revision date of 04/23/18, was provided by the Director of Nursing on 06/27/25 at 12:40 P.M.,. The policy indicated, " ...The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect ...Staff shall carry out activities in a manner which assists the resident to maintain and enhance his/her self-esteem and self-worth...".</p> <p>The deficient practice was corrected, on 06/25/25, after the facility assessed residents for abuse and dignity concerns, re-educated staff on resident rights abuse and dignity, and had a system in place to monitor for resident rights.</p> <p>3.1-3(t)</p>	F 550			