

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

PRINTED: 05/14/2025  
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 04/22/2025	
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 Life Safety Code Recertification and State Licensure Survey conducted on 03/06/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Dates: 04/22/25</p> <p>Facility Number: 000016 Provider Number: 155042 AIM Number: 100291500</p> <p>At this PSR survey, Aperion Care Vincennes was found in substantial 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 89 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 of biohazardous waste.</p>			K 0000	<p>This plan of correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>The facility respectfully requests consideration of a desk review and paper compliance for this plan of correction.</p>		

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

TITLE

(X6) DATE

Dena Kerschner

RVPO

05/13/2025

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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K 0918 SS=C Bldg. 01	<p>Quality Review completed on 04/30/25</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Based on record review and interview, the facility failed to ensure accurate documentation for 2 of 2 emergency generators 5 minute cool down period after a load test was provided. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110, 6.2.10 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review during a Post Survey Revisit with the Maintenance Director on 04/22/25 at 4:00 p.m., the generator log forms did not document the cool down time following the 04/08/25 monthly load tests. Based on interview at 4:03 p.m., the Maintenance Director confirmed the cool down time was not documented on the generator monthly test forms. The Maintenance Director stated he would start documenting the cool down time for the generators starting with the next monthly load test.</p> <p>This finding was reviewed with the Maintenance</p>		K 0918	<p><b>K 918 Electrical Systems – Essential SS:C</b></p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute any admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements.</p> <p><b>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>No residents affected by alleged deficient practice Monthly Generator load testing completed; cool down time is now documented, Maintenance Director educated on completing this log and having it readily available for review. Audits being completed to ensure ongoing compliance.</p> <p><b>how other residents having the potential to be affected by the same deficient practice will be identified and</b></p>		05/01/2025	

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	<p>Director at the exit conference.</p> <p>This deficiency was cited on 03/06/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p><b>what corrective action(s) will be taken;</b></p> <p>All residents and staff have potential to be affected by alleged deficient practice Monthly Generator load testing completed; cool down time is now documented.. Maintenance Director educated on completing this log and having it readily available for review. Audits being completed to ensure ongoing compliance.</p> <p><b>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>Maintenance Director educated on completing required tests and documentation of this being readily available for review. Audits being completed to ensure ongoing compliance.</p> <p><b>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; and</b></p> <p>Administrator/Designee to conduct audits to ensure ongoing compliance weekly x 4 weeks, and then monthly x 5 months.</p> <p>/p&gt;</p>		

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