

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

PRINTED: 10/30/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155254		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/15/2024	
NAME OF PROVIDER OR SUPPLIER APERION CARE GREENFIELD				STREET ADDRESS, CITY, STATE, ZIP COD 5430 W US 40 GREENFIELD, IN 46140			
(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 IN00444277, IN00444280, IN00444012, and IN00442831.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on August 30, 2024.</p> <p>Complaint IN00444277 -- Federal/state deficiencies related to the allegations are cited at F609.</p> <p>Complaint IN00444280 -- No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00444012 -- No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00442831 -- No deficiencies related to the allegation(s) are cited.</p> <p>Survey dates: October 10, 11, and 15, 2024</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 4 Medicaid: 45 Other: 3 Total: 52</p>			F 0000	/b> /b>		

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

TITLE

(X6) DATE

Jennifer Adams

HFA

10/23/2024

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 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 30 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 0609 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 16, 2024.</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse to the Indiana Department of Health (IDOH) timely for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 10/15/24 at 10:14 a.m. Her diagnoses included, but were not limited to, anxiety and depression.</p> <p>An interview was conducted with Resident B on 10/11/24 at 12:20 p.m. She indicated on Sunday, 10/6/24, Certified Nursing Assistant (CNA) 3 grabbed her left arm and shook her, telling her 'you don't talk to me like that,' and called her a crazy b**** along with other names. CNA 3 ran out of the room when one of the nurses came in. CNA 3 was screaming she was never going in that 'damn b****'s' room again. Resident B reported this to the night shift nurse, who was right outside the door when CNA 3 was still screaming.</p> <p>On 10/11/24 at 1:11 p.m., the Business Office Manager (BOM) provided a copy of an email sent to her from Resident B on Monday, 10/7/24 at 6:14 a.m., with "Serious complaint" in the subject line. The email indicated CNA 3 grabbed Resident B's left arm and forcefully shook her repeatedly; that CNA 3 refused to leave her room; that CNA 3 left her hanging over the bed in the Hoyer lift; that</p>			F 0609	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Interviews and investigation with facility staff and residents were conducted per Admin related to the following abuse allegations:</p> <p>No further allegations or concerns identified through those interviews.</p> <p>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;</p> <p>Residents appropriate for interview (BIMS 13 or higher) were interviewed regarding abuse by either the Administrator, Social Service or the D.O.N.</p> <p>No further allegation or concerns identified through</p>		10/23/2024

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	<p>CNA 3 refused to reposition her in the bed, telling her to 'figure that out yourself;' that her call light wasn't answered for 11 hours the night of 10/5/24; along with several other allegations. The email read, "All of [name of CNA 3's] actions this weekend have been either neglect or abusive."</p> <p>An interview was conducted with the BOM on 10/11/24 at 1:01 p.m. She indicated she received the email from Resident B the morning of 10/7/24. She responded to Resident B via email the same day that an investigation was started. Resident B replied, thanking her for the quick response, and they began to investigate. The Administrator was on vacation, on 10/7/24, and currently still was, as she left for vacation on 10/3/24. This allegation of abuse by Resident B was not reported to the IDOH. The BOM assumed it was the Assistant Director of Nursing (ADON) who was responsible for reporting it. They just reported it today, 10/11/24.</p> <p>On 10/11/24 at 1:03 p.m., the Regional Nurse Consultant (RNC) provided a copy of a reportable, dated 10/11/24, regarding Resident B's allegations of abuse against CNA 3.</p> <p>On 10/15/24 at 12:45 p.m., an interview was conducted with the Administrator. She indicated the BOM and ADON were responsible for reporting to IDOH in her absence.</p> <p>The Abuse Prevention and Reporting policy was provided by the BOM on 10/11/24 at 1:21 p.m. It read, "Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious</p>				<p>these interviews or audits</p> <p>All residents have the potential to be affected by this alleged deficient practice. Allegations Of abuse will be reported within the guidelines.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on types of abuse and guidelines for immediate reporting of abuse to Administrator. Department managers were inserviced on 10/16/24 over the reporting guidelines.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</p> <p>Admin/designee will monitor reporting of all allegations of abuse daily on scheduled Work days x 4 weeks, then weekly x 8 weeks Any negative findings will be corrected /b> /b></p>		

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	bodily injury shall be reported within 24 hours." This citation relates to Complaint IN00444277. 3.1-28(c)						