

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

PRINTED: 03/31/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155820		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2025	
NAME OF PROVIDER OR SUPPLIER  APERION CARE LINCOLN				STREET ADDRESS, CITY, STATE, ZIP COD 1236 LINCOLN AVE EVANSVILLE, IN 47714			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00454480.</p> <p>Complaint IN00454480 - Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: March 18, 2025.</p> <p>Facility number: 000443 Provider number: 155820 AIM number: 100289580</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 6 Medicaid: 27 Other: 8 Total: 41</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 20, 2025.</p>			F 0000	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility respectfully requests the 2567 plan of correction to be considered our allegation of compliance <b>effective March 28, 2025</b> to the State findings of the Complaint survey conducted on March 18, 2025. We respectfully request a desk review in lieu of a post-survey review.</p>		
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate safety measures were in place to prevent accidents for 1 of 3 residents reviewed for falls. This deficient practice resulted in Resident B obtaining injuries that resulted in medical</p>			F 0689	<p><i>What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?</i> <b>Resident B now being transferred with hooyer lift per policies and procedures. SSD</b></p>		03/28/2025

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

TITLE

(X6) DATE

Teri McNeely

Administrator

03/28/2025

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>intervention. (Resident B)</p> <p>Finding includes:</p> <p>On 3/18/25 at 9:23 a.m., Resident B indicated a staff member was transferring her from bed to a shower chair, the Hoyer(mechanical lift) tipped over and fell on top of her. Resident B indicated the staff member had started pulling the Hoyer lift closer to herself, all of a sudden it tipped over and fell on her, causing injury to her right knee, bruising, she felt like it broke her little toe, she had low back pain at times. Resident B indicated the staff member protected her and sustained a few injuries herself, there was only one staff member who transferred her, another staff had asked if she needed help and was told no. Resident B was unsure of staff names.</p> <p>On 3/18/25 at 10:10 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, personal history of Cerebral Palsy, pain in right knee, pain in left knee, unspecified osteoarthritis unspecified site, contracture right knee, contracture left knee, unspecified asthma.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 1/24/25, indicated Resident B's cognition was intact, was a two assist for transfer.</p> <p>Care plans included but were not limited to: Self care deficit: ADL's (Activities Of Daily Living) r/t disease process d/t her cerebral palsy, impaired mobility, limited range of motion, pain, weakness/deconditioning, date initiated 2/12/21, revision 2/5/24. Interventions included but were not limited to: Transfers: Resident requires assist of 2 for transfers. She is a Hoyer lift for safe transfers.</p>				<p><b>and Psych Services continue to see resident and evaluate to ensure psychosocial needs are being met</b></p> <p><i>How will other residents with the potential to be affected by the same alleged deficient practice be identified and what corrective actions will be taken?</i></p> <p><b>All residents requiring use of lifting devices have potential to be affected by this alleged deficient practice. All nursing staff will be in-serviced on policy/procedure related to the use of Hoyer lift and need for two staff members in place at all times when in use.</b></p> <p><i>What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur?</i></p> <p><b>In-services will be held with all nursing staff to discuss policy on use of Hoyer lift and to demonstrate proper use for resident safety. Staff will be informed of disciplinary consequences if they are found to be non-compliant with following expected policy and procedures.</b></p> <p><i>How will the corrective actions be monitored to ensure the alleged deficient practice will not recur ( ie what quality assurance program will be put into place?</i></p> <p><b>An audit tool will be developed and implemented to monitor</b></p>		

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	<p>A IDT (Interdisciplinary Team) progress note dated 2/18/25 at 12:25 p.m., included " At approximately 0900 (9:00 a.m.) CNA notified a staff floor nurse that Hoyer has a malfunction, and it "gave way" while transferring resident. Hoyer fell and Resident had fallen onto the floor but did not hit head. Resident reported that she hit her right knee. The staff nurse assisted resident off the floor with other staff. Resident was in process of getting ready to take a shower, after incident, resident refused shower. The floor nurse and care staff assisted resident back into bed with another Hoyer...When MDSC (Minimum Data Set Coordinator) went back to resident's approximately 15 minutes later to interview resident and get her statement on what happened resident stated " I landed on my butt but did not hit my head" Resident stated that she is "achy" but stated "that aches on a normal basis, pain is centralized, does not radiate and ice pack is helping" ...The two CNA's that were in the room were interviewed about incident. One of the CNAs stated "I was trying to put resident in the shower chair with the other CNA. While lowering resident in to shower chair the shower chair started to lean backwards towards me and the whole Hoyerstarted (sic) to tip backward as well. I grabbed the Hoyer to stop it from falling on resident. When I pushed the Hoyer back up to straighten it out t he (sic) shower chair leaned to far forward and resident slid out of shower chair and on to floor" ...Upon completion of interview with care staff and investigation of incident, it was determined that the Hoyer did not have a malfunction, and the Hoyer had tipped over due to uneven weight distribution. NP (Nurse Practitioner) in facility this day for weekly round. Resident assessed at bedside. Order received to have x-ray of right knee completed..."</p>				<p><b>the use of Hoyer lifts correctly and per policy. The audit tool will be completed by the DON/designee daily Monday to Friday for four weeks; weekly for eight weeks; and monthly for 4 months. The outcome of this tool will be reviewed at the Quality Assurance meeting to determine if any additional action is warranted.</b></p>		

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	<p>A fall IDT progress note dated 2/19/25 at 11:59 a.m., indicated " ...Summary of incident: At approximately 0900 (9:00 a.m.) CNA notified a floor nurse that Hoyer has a malfunction, and "gave way" while transferring resident. Hoyer fell and Resident had fallen onto the floor but did not hit head. Resident reported that she hit her right knee...New interventions and/or changes suggested by IDT at this time: Therapy to assess resident positioning while in Hoyer sling to determine need for any additional adaptive equipment."</p> <p>A NP nursing home vista document was reviewed and included, but was not limited to: "...Patient was seen today for report of a fall today. Getting up to shower chair and the lift fell. Right knee is hurt. She states history of screws in both knees. Concern for placement. She has an abrasion on the right lateral knee. Ice pack is on her knee. She reports no other injury except that her back is a little sore. States she fell on her back but doesn't feel that it is injured. She is talking on the phone ordering lunch. She is in no distress. Will get x-ray of the right knee...Staff reports she has an asthma attack after the fall. She was given inhaler and breathing is now ok. No wheezes noted...</p> <p>On 3/18/25 at 9:45 a.m., CNA 3 indicated she and CNA 2 were in the room when the Hoyer incident happened, CNA 2 was operating the Hoyer, she was stand by if needed help. The Hoyer was over the shower chair and gave way because the weight was not distributed properly, CNA 2 caught the resident and she did not hit the floor.</p> <p>On 3/18/25 at 10:44 a.m., CNA 2 indicated she was operating the lift and CNA 3 was guiding Resident B to the shower chair, she went in sideways with</p>						

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	<p>the Hoyer. CNA 2 indicated as she got behind the shower chair she "kinda" tilted the chair, CNA 3 and her had switched places, as CNA 3 was lowering lift, it tilted fell on her, resident did not land on floor, CNA 2 was holding Hoyer and resident was still attached.</p> <p>Typed statements dated February 18, 2025 by CNA 2 and CNA 3 were reviewed on 3/18/25 at 2:30 p.m. and included the following:</p> <p>CNA 2 statement: " Around 9-9:30 (CNA 3) and I transferred (Resident B) from her bed to the shower chair. We took the Hoyer lift in sideways slightly tilting the shower chair so that (Resident B) could be sitting in an upright position. As we lowered the lift the chair went backwards causing the Hoyer lift to tilt over and drop to the ground. As (Resident B) and the lift was dropping it dropped on my nose and hit my lip. I caught the lift before it could drop on (Resident B). I held the lift while (CNA 3) went to get a nurse. I asked (Resident B) if she was okay she replied yes then I asked her if anything was hurting her or if she hit her head she replied she did not hit her head but her right knee was hurting. I was able to take the Hoyer sling off the hooks and move the Hoyer so that it wasn't hovering over her. After that I put a pillow under her head and the nurse walked in and asked her if she hit her head she replied no. (CNA 3), the nurse and I was able to lift (Resident B) onto the shower chair then we used the Hoyer to put her back to bed.)</p> <p>CNA 3 statement: "(CNA 2) called and asked me for help with resident. When transferring resident, Hoyer tipped over. Resident was in the shower chair and it started to lean forward when straightening</p>						

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	<p>Hoyer and resident slid out of shower chair."</p> <p>On 3/18/25 at 2:04 p.m., the Director of Nursing (DON) indicated staff get training on Hoyer lift use on hire during floor orientation, they facility has quarterly skills fair were Hoyer lifts are reviewed, the next one is in April. The DON indicated the CNA operating the Hoyer should be in front of the shower chair, another staff should be behind the shower chair making sure to steady and guide the resident in the chair.</p> <p>On 3/18/25 at 10:56 a.m., the Administrator provided procedure guide on how to operate a Hoyer lift. The guide included, but was not limited to: ...The Boom of the lift does not swivel. The consumer's weight must be centered over the base of the legs at all times. Do not attempt to lift consumer with the mast/boom assembly swiveled to either side. Always keep the consumer facing the attendant operating the lifter..To raise the consumer the base of Hoyer Lifter must be spread to its widest possible position to maximize stability...</p> <p>On 3/18/25 at 10:56 a.m., the Administrator provided a transfer guide for manual gait belts and mechanical lifts with a revision date of 1/19/18. The guide included but was not limited to: ...2. Staff responsible for direct resident care will be trained in the use of mechanical lifting devices annually and as needed...</p> <p>This citation relates to Complaint IN00454480.</p> <p>3.1-45(a)(2)</p>				