

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

PRINTED: 10/04/2024

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 09/04/2024	
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 IN00442016 and IN00442435.</p> <p>Nursing home Complaint IN00442016 - State/Federal deficiency related to the allegation is cited at F742.</p> <p>Nursing Home Complaint IN00442435 - No deficiencies related to the allegations are cited.</p> <p>Survey date: September 4, 2024</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 67 Residential: 6 Total: 73</p> <p>Census Payor Type: Medicare: 5 Medicaid: 61 Other: 1 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 10, 2024.</p>			F 0000			
F 0742 SS=D Bldg. 00	<p>483.40(b)(1) Treatment/Srvcs Mental/Psychosocial Concerns Based on record review and interview, the facility failed to ensure a resident who displayed</p>			F 0742	<p>F742 Treatment/Services for Mental/Psychosocial Concerns</p>		09/13/2024

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

TITLE

(X6) DATE

Stefanie Jenkins

Administrator

09/24/2024

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 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>psychosocial adjustment difficulties and a history of trauma received appropriate treatment to attain the highest practicable mental well-being for 1 of 3 residents reviewed for psychosocial services. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 09/04/24 at 11:50 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/15/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, renal insufficiency, diabetes, anxiety, and depression. The resident received dialysis.</p> <p>A progress note, dated 06/28/24 at 6:03 A.M., indicated Resident C was slamming his bedroom door out of anger. When it was explained that his roommate was trying to sleep, he stated "A da*n train won't wake him up".</p> <p>A progress note, dated 06/28/24 at 12:13 P.M., indicated Social Services would make referrals to mental health services for Resident C.</p> <p>A progress note, dated 06/29/24 at 7:33 P.M., indicated Resident C was in his doorway when another resident attempted to enter. After a verbal disagreement Resident C was grabbed by the hair. Staff intervened and separated the residents and placed the residents on one-on-one (one staff to one resident) observation.</p> <p>A progress note, dated 06/30/24 at 12:16 P.M., indicated Social Services spoke with Resident C regarding the incident that occurred. The resident reported that he was "attacked" and did not fight back but did try to keep the other resident from pulling his dialysis port out.</p>				<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 C: On resident was discharged to the hospital on 8/23/2024 for further treatment. Upon readmission, facility will update the care plan to include; interventions for psychosocial adjustment difficulties/history of trauma and will make a referral to psych services. Additionally, all new physician orders will be initiated.</p> <p>2) How the facility identified other residents: An audit was completed to identify residents who display psychosocial adjustment difficulties and a history of trauma receive appropriate treatment and are referred to psych services as needed; to attain the highest practicable mental well-being. All residents identified have an individualized behavioral management plan developed and a referral made to psych services as</p>		

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	<p>A psychosocial assessment, dated 07/01/24 at 09:26 A.M., indicated Resident C had a history of recreational drug use. The resident attempted suicide two years prior.</p> <p>A progress note, dated 08/01/24 at 2:00 A.M., indicated a CNA (Certified Nurse Aide) reported that Resident C told her he was going to choke his roommate. Upon staff questioning Resident C, he stated his roommate had nightmares every night and made a bunch of noise that kept him up. When told he could not make threats towards others, Resident C stated, "Well put me in my own room then" and continued to voice frustration. Staff monitored the residents by leaving the residents' door open.</p> <p>A progress note, dated 08/23/24 at 6:33 P.M., indicated Resident C was upset with nursing staff because he couldn't have his medications yet. When it was explained that he would receive the medications at 7:00 P.M. Resident C stated, "you are both fu**ing wh*res" and slammed his door. When nursing staff went to explain that his medications were not due until 7:00 P.M. the resident stated, "whatever".</p> <p>During an interview on 09/04/24 at 3:07 P.M., LPN (Licensed Practical Nurse) 4 indicated Resident C had a few outbursts and would refuse dialysis at times. A few weeks prior during morning meeting when the door was closed staff could hear him screaming in the hallway. He stated the ride service they used to transport him to and from dialysis had left him, and he then refused to go to dialysis if he had to ride with them. He was very explosive. She had never seen anyone behave that way over having to use a ride service.</p>				<p>indicated.</p> <p>3) Measures put into place/ System changes:. Any residents identified with newly identified or change in behavioral concerns related to adjustment difficulties and/or history of trauma will have a psychosocial assessment completed and a behavior plan will be developed and/or updated. The Social Service Director and Inter Disciplinary Team will be educated on the Behavior Health Service Policy; this training will include addressing psychosocial adjustment difficulties/history of trauma and making referrals to the psych provider.</p> <p>4) How the corrective actions will be monitored: The Interdisciplinary Behavior Management team will review documentation to identify residents with new behavioral occurrences during clinical meeting at least 5x/week and will ensure a behavior management plan is implemented or revised/updated with individualized interventions and referrals made to psych provider as indicated. Residents newly placed on a behavior management plan, will be reviewed by the Interdisciplinary Management Team weekly for at least 2 weeks and at least once monthly thereafter to ensure interventions remain appropriate without increase in or</p>		

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	<p>During an interview on 09/04/24 at 3:04 P.M., QMA (Qualified Medication Aide) 5 indicated when Resident C wanted his pain medications, he would circle the desk.</p> <p>During an interview on 09/04/24 at 2:52 P.M. , the Administrator indicated she was aware of Resident C expressing frustration. Resident C cussed when he would get angry. She was not sure why he didn't see psych (psychiatric) services.</p> <p>During an interview on 09/04/24 at 12:34 P.M., the DON (Director of Nursing) indicated Resident C had some behaviors with ups and downs. He was explosive, but nothing directed at other residents just staff.</p> <p>During an interview on 09/04/24 at 3:29 P.M., the Social Services Director indicated Resident C would be grumpy sometimes. He told nursing staff that he would strangle another resident once but then said he was expressing frustration and that he wasn't going to actually hurt anybody. The behavior would be an indication that he would need psychiatric services, but Resident C had never received those services.</p> <p>A care plan, dated 06/25/24 , titled "Trauma informed care" included, but was not limited to, an intervention, with a start date of 06/25/24, for the resident to receive psychiatry/psychology services as needed.</p> <p>The current facility policy titled, "Behavioral Health Services (previously Behavior Management Program)", dated 11/28/12, was provided by the Administrator on 09/04/24 at 3:55 P.M.. The policy indicated, " ...to ensure that each resident receives appropriate treatment and</p>				<p>reoccurrence of behaviors.</p> <p>All other residents on a behavior management plan without new behavioral occurrences will be reviewed at least monthly by the Interdisciplinary Management Team.</p> <p>The Administrator will be responsible for oversight of these audits.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 100% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: 9/13/2024</p>		

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	services to attain the highest practicable mental and psychosocial well-being ...".  This Citation relates to Complaint IN00442016  3.1-43(a)(1)						