

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

PRINTED: 08/13/2024
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 07/18/2024	
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 Nursing Home Complaint IN00438629. This visit included the investigation of Residential Complaints IN00436046 and IN00436077 and a COVID-19 Focused Infection Control Survey.</p> <p>Nursing home Complaint IN00438629 - State/Federal deficiency related to the allegation is cited at F557.</p> <p>Residential Complaint IN00436046 - No deficiencies related to the allegations are cited.</p> <p>Residential Compliant IN00436077 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 18, 2024</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 70 Residential: 5 Total: 75</p> <p>Census Payor Type: Medicare: 5 Medicaid: 64 Other: 1 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 24, 2024.</p>			F 0000			

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

TITLE

(X6) DATE

Stefanie Jenkins

Administrator

08/02/2024

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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F 0557 SS=D Bldg. 00	<p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. Based on interview, record review, and observation, the facility failed to ensure a resident's rights were honored related to their personal possessions for 1 of 3 residents reviewed for resident rights. (Resident E)</p> <p>Findings include:</p> <p>On 07/12/24 at 2:11 P.M., a Complainant indicated the facility had COVID-19 in the building. Resident E was moved to a different room so that her room could be used for a COVID-19 resident. Resident E was not able to take all of her belongings to the new room and she was upset.</p> <p>During an interview on 07/18/24 at 12:17 P.M., the DON (Director of Nursing) indicated the facility had to temporarily move some residents to different rooms due to COVID-19. Resident E had been in a room without a roommate. They moved her down the hall to a room with another female resident and moved a male resident (Resident J) that had been exposed to COVID-19 (his roommate tested positive) into her room. They moved several of Resident E's belongings into the new room but left non-essential items in her previous room. If the resident needed anything from her old room, a staff member could get it for her. Resident J was bedbound, and he wouldn't be</p>			F 0557	<p>I respectfully request a desk review of this plan of correction related to the 7/18/2024 complaint survey. 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 E: Resident readmitted from outpatient hospital stay on 7-19-2024 and all personal items were moved back to the original room prior to readmission.</p> <p>2) How the facility identified other residents:</p>		07/31/2024

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	<p>able to go through Resident E's personal items. It was a temporary move, they told Resident E it would be for about a week. After a few days, Resident E became upset about the room change. The resident had been non-compliant with care in the past, but her behaviors escalated with the room change. The resident was ultimately sent out to an inpatient psychiatric facility.</p> <p>Resident E's clinical record was reviewed on 07/18/24 at 1:30 P.M. A Significant change MDS (Minimum Data Set) assessment, dated 04/17/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disease, hypertension, diabetes, arthritis, and depression.</p> <p>Resident E's previous room was observed with CNA (Certified Nurse Aide) 2 on 07/18/24 at 2:26 P.M. Resident E's belongings left in the room included, but were not limited, to the following items:</p> <ul style="list-style-type: none"> - various wall hangings including a hand drawn canvas of a dog, - a closet full of clothes on hangers with several pairs of shoes on the floor, - a large cabinet with glass doors. Various snacks, including an opened loaf of bread, and knick-knacks/collectibles were stored inside and on top of the cabinet, - a pile of items on the floor in front of the cabinet that included pillows, blankets, clothing, and an empty box, and, - a mother's memorial board on the floor near the 				<p>All residents that require a temporary room change have the potential to be affected.</p> <p>3) Measures put into place/ System changes: Staff will be re-educated on resident rights; including the right to retain personal possessions to the maximum extent that space and safety permit.</p> <p>4) How the corrective actions will be monitored: When a temporary room move occurs; the social service director will interview the on what items the resident wants to take with them and will document that as part of the room move documentation in the medical record. After the room move is completed; rounds will be conducted to ensure the requested items were moved with the resident. The Social Service Director/designee will meet with the resident weekly to determine if resident needs other items from original room until the resident is relocated back to their original room.</p> <p>The Administrator/designee will be responsible for oversight of these documented interviews. The results of these interviews will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make</p>		

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R 0000 Bldg. 00	<p>cabinet, with a pair of glasses laying on top of it.</p> <p>During an interview on 07/18/24 at 2:30 P.M., CNA 2 indicated she was familiar with Resident E. Initially, the resident was supposed to move into the room right next door to her old room and she was agreeable to that. Something changed and she ended up going down the hallway to a different room.</p> <p>The current facility policy titled "Resident Rights", with a revision date of 03/08/2017, was provided by the Assistant Director of Nursing on 07/18/24 at 3:28 P.M. The policy indicated, "...resident rights...included the resident's right to...retain and use personal possessions to the maximum extent that space and safety permit..."</p> <p>This citation relates to Complaint IN00438629.</p> <p>3.1-9(a)</p> <p>This visit was for the Investigation of Residential Complaints IN00436046 and IN00436077. This visit included the Investigation of Nursing Home Complaint IN0043862 and a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Residential Complaint IN00436046 - No deficiencies related to the allegations are cited.</p> <p>Residential Compliant IN00436077 - No deficiencies related to the allegations are cited.</p> <p>Nursing Home Complaint IN00438629 - State/Federal deficiency related to the allegation is cited at F557.</p>			R 0000	<p>recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: July 31,2024</p>		

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	Survey date: July 18, 2024 Facility number: 000115 Residential Census: 5 Aperion Care Hanover was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaints IN00436046 and IN00436077, and the Residential COVID-19 Quality Assurance Walk Through. Quality review completed on July 24, 2024.						