STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155702	A. BUILDING 00 B. WING	08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE PERU	1850 WEST MATADOR ST PERU, IN 46970

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00237953 and IN00237365. Complaint IN00237953 - Substantiated. Federal/State deficiencies related to the allegations are cited at F250. Complaint IN00237365 - Substantiated. Federal/State deficiencies related to the allegations are cited at F203 Survey dates: August 17 and 18, 2017 Facility number: 003130 Provider number: 155702 AIM number: 200386750 Census Bed Type: SNF/NF: 67 Total: 67 Census Payor Type: Medicare: 11 Medicaid: 53 Other: 3 Total: 67 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality Review was completed on August 25, 2017.			
F 0203 SS=B Bldg. 00	483.15(c)(3)-(6)(8) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE (c) (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (b)(5) of this section. (c) (4) Timing of the notice. (i) Except as specified in paragraphs (b)(4) (ii) and (b)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge			

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	when- (A) The safety of individuals in the facility would be endangered under paragraph (b)(1)(ii)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (b)(1)(ii)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (b)(1)(ii)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (b)(1)(ii)(A) of this section; or (E) A resident has not resided in the facility for 30 days. (c) (5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;			

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	(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. (c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. (c)(8) Notice in advance of facility closure. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at §			

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	483.70(l). Based on record review and interview, the facility failed to ensure the Ombudsman was notified, for 4 of 4 residents reviewed for transfers/discharges. (Resident B, Resident C, Resident D and Resident E.) Findings include: 1. On 8/17/17 at 10:30 A.M., a review of the clinical record for Resident B was conducted. The record indicated the resident was transferred to a local hospital on 7/27/17. A progress note, dated 7/27/17 at 6:35 P.M., indicated at 5:52 P.M., the resident's physician was notified of the resident's status and vital signs. The physician ordered the resident to be transferred to the local ER (emergency room). The note indicated the ambulance arrived at 6:25 P.M. and Resident B was transferred. The family was notified of the transfer. 2. On 8/17/17 at 1:02 P.M., a review of the clinical record for Resident C was conducted. The record indicated the resident expired in the facility on 8/11/17 at 11:04 P.M. The resident's code status was to not perform CPR (Cardiopulmonary resuscitation).	F 0203	**F 203** Aperion Care, Peru requests paper compliance for this citation. *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.* **Immediate action taken for those identified:** Notice of Transfer and Discharge policy implemented. Monthly tracking form created and completed and submitted to Ombudsman. **How will the facility identify other residents potentially affected:**	09/15/2017

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	3. On 8/17/17 at 2:00 P.M., a review of the clinical record for Resident D was conducted. The record indicated the resident was transferred to a local hospital on 7/20/17 due to experiencing chest pain and again on 8/15/17 due to a fall with head laceration. 4. On 8/17/17 at 2:30 P.M., a review of the clinical record for Resident E was conducted. The record indicated, Resident E was transferred to a local ER, on 7/28/17 at 3:28 P.M., per physician's order. The family was notified of the transfer. During an interview, on 8/17/17 at 5:05 P.M., the The Director of Nursing (DON) indicated the local Ombudsman was not notified of the transfers/discharges in regards to Resident B, Resident C, Resident D and Resident E. 3.1-12(a)(6)(iv)		Facility will utilize electronic medical record system and daily census reports to review transfers and discharges to submit to Ombudsman monthly. **Measures put in place/systems changed:** System implemented to maintain record of monthly transfer and discharge log submitted to Ombudsman. **How will the corrective action be monitored:** Weekly audits will be reviewed in Quality Assurance Meetings monthly for 6 months, The QA Committee will identify any trends or patterns and make recommendation to revise the plan of correction as indicated. **Date of Compliance:** September 15, 2017	
F 0250 SS=D Bldg. 00	483.40(d) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE (d) The facility must provide medically-related social services to attain or			

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	maintain the highest practicable physical, mental and psychosocial well-being of each resident. Based on observation, interview and record review, the facility failed to inform a family member, in a timely manner, regarding new clothing purchases which were inappropriate for the resident to wear, due to being to tight. (Resident G) Finding includes: On 8/17/17 at 11:15 A.M., a review of the clinical record for Resident G was conducted . The resident's diagnoses included, but werer not limited to: dementia with behavioral disturbance, osteoarthristis, and schizoaffective disorder with severe psychotic symptoms. The Quarterly MDS (Mininium Data Set) Assessment, dated 7/9/17, indicated the resident BIMS (Brief Interview for Mental Status) score was 3 (0-7 score indicates severe dementia) and required the assistance of 1 person with dressing. On 8/17/17 at 10:25 A.M., Resident G was observed in the Activity room. She was observed dressed in a shirt and pants with white non-skid slipper socks, on her feet.	F 0250	**F 250** Aperion Care, Peru requests paper compliance for this citation. *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.* **Immediate action taken for those identified:** Resident "G"s clothing inventory was updated. Identified resident G has 9 pairs of slacks, 4 skirts, 14 tops, 7 night gowns, along with several pairs of sock and undergarments. **How will the facility identify other**	09/15/2017

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	During a phone interview, on 8/17/17 at 1:07 P.M., Resident G's family member indicated the resident was missing some clothes. During an interview, on 8/17/17 at 2:08 P.M., the Social Service Director (SSD) indicated no one from Resident G's family had notified her about missing clothing. During an interview, on 8/17/17 at 2:41 P.M., CNA (Certified Nurses Aide) #2 indicated the family had brought in new clothes (dusters) and tank tops, however they were to small and inappropriate for the resident to wear. CNA #2 indicated she bagged the articles of clothing and took them to the SSD's office and never saw them again. CNA #2 indicated the resident was on a list to have clothing purchased for her. During an interview, on 8/17/17 at 3:00 P.M., the SSD indicated she had received a sack of clothes a few days ago. The bag was observed to have 3 dusters and 4 white tank tops in it. The SSD indicated she had not contacted the family about the clothes being to small for the resident. During an interview, on 8/17/17 at 6:15 P.M., the residents family member indicated the dusters and tank tops were		**residents potentially affected:** A communication tool developed for all staff access, to properly notify Social Services if any resident is in need of clothing replacement. These communication tools will be submitted to Social Services. Laundry Supervisor along with laundry department staff will also communicate using the same communication tool to properly notify Social Services when there is a need to replace any residents clothing. Social Services sent a letter to the families regarding how to communicate to them and or Director of Nursing when new clothing is brought in, allowing time for staff to have resident try on the new items incase return of items is needed. **Measures put in place/systems changed:** Social Services will review resident's inventory by using the residents care plan schedule. The Care Plan invite letter will also suggest/remind and encourage family to be present for the conference and assist with resident clothing inventory and any needs for clothing. At time of Care Plan Conference, if family present, the SSD will offer and encourage	

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	taken to the facility approximately 2 months ago and no one had contacted her to let her know the items were too small for the resident. 3.1-34(a)(4)		family during their visit to review and compare residents clothing with the residents current inventory sheet. If family is not present for Care Plan Conference, The review will be completed by SSD and Laundry Supervisor. In addition, if family not present, the updated resident inventory sheet will be mailed to family member and/or responsible party. **How will the corrective action be monitored:** Review of residents clothing will coincide with the residents Care Plan Schedule, audit tool implemented for Social Services to ensure during conference clothing inventory is reviewed and discussed with resident and/or resident family member during the conference. This corrective action will be on-going as it will be added to the Social Service section of the Care Plan conference. **Date of Compliance:** September 15, 2017	