

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Vincennes		STREET ADDRESS, CITY, STATE, ZIP CODE 3801 Old Bruceville Road, Box 136 Vincennes, IN 47591	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a sanitary environment was maintained in accordance with professional standards for food services safety during 1 of 1 kitchen observations. Containers of food were stored on the dry food storage room floor and on the walk-in freezer floor, and a buildup of dust and debris was observed over the cookstove hood, on the ceiling in and around the vents above the dishwashing area, on top of the dishwasher, and along the base of the walls and floor. Finding includes: 1. During an observation on 7/30/25 at 11:45 A.M., the facility kitchen' cookstove hood had a buildup of dust, the ceiling contained a buildup of dust in and around vents above the dishwashing area, the top of the dishwasher had a buildup of dust and debris, and dust and debris was built up along the base of the walls in the dishwashing area. During an interview on 7/31/25 at 1:00 P.M., Culinary Aide (CA) 4 indicated the kitchen staff had not been completing a daily cleaning task checklist and was unaware of where to find a cleaning task checklist. 2. During an observation on 7/30/25 at 11:55 A.M., the dry food storage room contained one (1) box of frosted flakes, a flat of canned beans, a box of canned sliced apples, a box of bagged sugar, and two (2) boxes of pudding cups on the floor. A walk-in freezer contained a box of dinner rolls stored on the floor. During an interview on 7/30/25 at 11:55 A.M., CA 4 indicated that the kitchen was short staffed. During an interview on 7/30/25 at 12:00 P.M., CA 4 indicated the food delivery truck's most recent delivery was two days prior (7/28/25). During an interview on 7/31/25 at 12:55 P.M., the Dietary Manager (DM) indicated there are areas of the kitchen that need cleaned and that food should be stored up off the floor. On 7/31/25 at 1:05 P.M., the Facility Administrator supplied facility policies titled, Food Storage (Dry, Refrigerated, and Frozen) dated, 2020 and Sanitation of Dining and Food Service Areas, dated 2020. The Food Storage (Dry, Refrigerated, and Frozen) policy included, Food shall be stored on shelves in a clean, dry area free from contaminants . (1) e. Store deliveries as soon as they have been inspected . (3) c. Store dry food on shelves . six inches off the floor to allow for proper sanitation . The Sanitation of Dining and Food Service Areas policy included, The Dining Services staff will uphold sanitation of the dining areas according to a thorough, written schedule. This citation relates to complaints 2568057 and 2572931. 3. 1-21(l)(2)3.1-21(l)(3)</p>

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 90 days 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 14 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.

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