

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	

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)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>10770</p> <p>Based on record review and interview, the facility failed to ensure pain medication was administered as ordered by the Physician, for 2 of 3 residents reviewed for hospice. (Residents D and E)</p> <p>Findings include:</p> <p>1. The record for Resident D was reviewed on 3/25/24 at 1:10 p.m. Diagnoses included, but were not limited to, breast cancer, vascular dementia, Alzheimer's dementia, major depressive disorder, cerebral ischemia, osteoarthritis, delusional disorder, blood pressure, and anxiety.</p> <p>The 12/20/23 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was moderately impaired for daily decision making. The resident received scheduled pain medication, and she currently had no pain during the assessment period. The resident received hospice services as a resident.</p> <p>The Care Plan, revised on 3/22/24, indicated the resident had the potential for pain related to breast cancer and arthritis. The approaches were to administer pain medications as ordered.</p> <p>The Care Plan, revised on 3/12/24, indicated the resident received hospice services. The approaches were to medicate for pain within Physician's Orders.</p> <p>Physician's Orders, dated 11/17/22 and discontinued on 2/29/24, indicated Tramadol (a pain medication) 50 milligrams (mg), give 1 tablet by mouth every 6 hours. The scheduled times were 12:00 a.m., 6:00 a.m., 12:00 p.m., and 6:00 p.m.</p> <p>Physician's Orders, dated 2/29/24, indicated Norco tablet 5-325 mg (a pain medication), give 1 tablet by mouth every 6 hours for pain. The scheduled times were 12:00 a.m., 6:00 a.m., 12:00 p.m., and 6:00 p.m.</p> <p>The Medication Administration Record (MAR), dated 2/2024, indicated the Tramadol was not administered as ordered and was coded with a 5 (meaning hold see Nurses' Notes) for the 12:00 a.m. dose on 2/2, 2/4-2/7, 2/13, 2/14, 2/16, 2/18, 2/19, 2/21, 2/23 and 2/27/24. The 6:00 a.m. dose was not administered as ordered and was coded with a 5 on 2/2, 2/5-2/7, 2/13, 2/14, 2/19, 2/21 and 2/27/24.</p> <p>All of the Nurses' Notes for the above dates indicated asleep.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The MAR, dated 3/2024, indicated the Norco was not administered and a coded with a 5 for the 12:00 a.m. dose on 3/1, 3/4-3/8, 3/14, 3/15, and 3/17-3/21/24. The medication was not signed out for the 12:00 a.m. and left blank on 3/26/24. The Norco was not administered as ordered and coded with a 5 for the 6:00 a.m., dose on 3/1, 3/4-3/8, 3/12, 3/15 and 3/18/24.</p> <p>All of the Nurses' Notes for the above dates indicated asleep.</p> <p>A Physician's Order, dated 9/28/23, indicated Lorazepam (an anti-anxiety medication) give 0.25 milliliters (ml) by mouth every 2 hours as needed for anxiety/dyspnea.</p> <p>The MAR, dated 2/2024, indicated the Lorazepam was administered on 2/13/24 at 7:15 a.m. and on 2/16/24 at 2:46 a.m.</p> <p>Both of the above times, the Tramadol was documented as held and not administered due to the resident being asleep.</p> <p>The MAR, dated 3/2024, indicated the Lorazepam was administered on 3/1 at 2:29 a.m., 3/12 at 12:18 a.m., 3/14 at 5:09 a.m., and on 3/20/24 at 1:25 a.m.</p> <p>All of the above times the Lorazepam was administered, the resident's Norco was documented as held and not given due to the resident being asleep.</p> <p>During an interview on 3/25/24 at 3:00 p.m., the Nurse Consultant indicated the nurses were told they could not hold the resident's pain medication when they were sleeping.</p> <p>32664</p> <p>2. Record review for Resident E was completed on 3/25/24 at 11:25 a.m. Diagnoses included, but were not limited to, heart failure, hypertension, diabetes mellitus, end stage renal disease and anxiety.</p> <p>An MDS (Minimum Data Set) assessment, dated 3/9/24, was completed for death in facility.</p> <p>A Nurses' Note, dated 3/8/24 at 6:30 p.m., indicated the nurse was called into the resident's room. The resident was unresponsive. The nurse attempted to wake the resident without success. The resident's blood pressure was unable to be obtained, pulse was 36 and oxygen saturation was 74% (percent). The nurse increased the resident's oxygen to 5 L (liters) and oxygen saturation raised to 86%. The nurse alerted hospice care and the family of resident's status. Hospice gave a verbal order to discontinue all medications except hospice comfort medications.</p> <p>The March 2024 Physician's Order Summary indicated orders for the following medications:</p> <ul style="list-style-type: none"> - morphine sulfate (narcotic pain medication) solution 20 mg/ml, give 0.25 ml (5 mg) every 1 hour as needed for pain, ordered 3/6/24 and discontinued 3/7/24; and then every 6 hours for pain, ordered 3/7/24 and discontinued 3/7/24 - morphine sulfate solution 20 mg (milligrams)/ml (milliliter), give 0.5 ml (10 mg) every 4 hours for pain, and every 1 hour as needed for pain, ordered 3/7/24 and discontinued 3/12/24 <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The March 2024 Medication Administration Record (MAR) indicated the following medications were administered on the following dates and times:</p> <ul style="list-style-type: none"> - morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 1 hour as needed for pain: 3/7/24 at 6:25 a.m. - morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 6 hours for pain: 3/7/24 at 12:00 a.m. - morphine solution 20 mg/ml, give 0.5 ml (10 mg) every 4 hours for pain: 3/7/24 at 4:00 p.m. and 8:00 p.m., 3/8/24 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m., 3/9/24 at 12:00 a.m., 4:00 a.m., and 8:00 a.m. - morphine solution 20 mg/ml, give 0.5 ml (10 mg) every 1 hour as needed for pain: 3/8/24 at 10:42 a.m. <p>The narcotic count accountability sheet disposition record for morphine sulfate (narcotic pain medication) solution 20 mg/ml, give 0.5 ml (10 mg) every 4 hours for pain, and every 1 hour as needed for pain, was blank with no dates, times, amount, or signatures indicating the medication was given.</p> <p>The narcotic count accountability sheet disposition record for morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 1 hour as needed for pain and every 6 hours scheduled for pain, indicated the medication was administered on the following dates and times:</p> <ul style="list-style-type: none"> - 3/8/24 at 1:00 a.m., administered 1 dose, amount of medication remaining was 28.5 ml - 3/8/24 at 2:00 a.m., administered 1 dose, amount of medication remaining was 28.25 ml - 3/8/24 at 4:00 a.m., administered 1 dose, amount of medication remaining was 28 ml - 3/8/24 at 9:00 a.m., administered 1 dose, amount of medication remaining was 27.75 ml - 3/8/24 at 10:45 a.m., administered 1 dose, amount of medication remaining was 27.5 ml - 3/8/24 at 1:00 p.m., administered 1 dose, amount of medication remaining was 27.25 ml - 3/8/24 at 4:00 p.m., administered 1 dose, amount of medication remaining was 27 ml - 3/8/24 at 6:00 p.m., administered 1 dose, amount of medication remaining was 26.75 ml - 3/8/24 at 9:00 p.m., administered 1 dose, amount of medication remaining was 26.5 ml - 3/8/24 at 11:00 p.m., administered 1 dose, amount of medication remaining was 26 ml= correct amount was administered - 3/9/24 at 1:00 a.m., administered 1 dose, amount of medication remaining was 25.75 - 3/9/24 at 2:00 a.m., administered 1 dose, amount of medication remaining was 25.5 ml <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 3/9/24 at 4:00 a.m., administered 1 dose, amount of medication remaining was 25 ml= correct amount was administered</p> <p>- 3/9/24 at 5:00 a.m., administered 1 dose, amount of medication remaining was 24.75 ml</p> <p>- 3/9/24 at 7:00 a.m., administered 1 dose, amount of medication remaining was was 24.5 ml</p> <p>The Physician's Orders indicated the resident was supposed to receive 0.5 ml (10 mg) of morphine and not the 0.25 ml (5 mg) that was administered on the above dates and times.</p> <p>During an interview, on 3/25/24 at 2:35 p.m., the Regional Nurse Consultant indicated the staff should have documented the correct amount of the medications that were administered on both the MAR and the narcotic count accountability sheet disposition records.</p> <p>This citation relates to Complaint IN00430284.</p> <p>3.1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>32664</p> <p>Based on record review and interview, the facility failed to establish and/or maintain a system that accounted for, periodically reconciled, and ensured the disposition of all controlled drugs, related to incomplete and inaccurate documentation of narcotic medications, for 1 of 3 residents reviewed for hospice. (Resident E)</p> <p>Finding includes:</p> <p>Record review for Resident E was completed on 3/25/24 at 11:25 a.m. Diagnoses included, but were not limited to, heart failure, hypertension, diabetes mellitus, end stage renal disease and anxiety.</p> <p>An MDS (Minimum Data Set) assessment, dated 3/9/24, was completed for death in facility.</p> <p>A Nurses Note, dated 3/8/24 at 6:30 p.m., indicated the nurse was called into the resident's room. The resident was unresponsive. The nurse attempted to wake the resident without success. The resident's blood pressure was unable to be obtained, pulse was 36 and oxygen saturation was 74% (percent). The nurse increased the resident's oxygen to 5 L (liters) and oxygen saturation raised to 86%. The nurse alerted hospice care and the family of resident's status. Hospice gave verbal order to discontinue all medications except hospice comfort medications.</p> <p>The March 2024 Physician's Order Summary indicated orders for the following medications:</p> <ul style="list-style-type: none"> - morphine sulfate (narcotic pain medication) solution 20 mg (milligrams)/ml (milliliter), give 0.25 ml (5 mg) every 1 hour as needed for pain, ordered 3/6/24 and discontinued 3/7/24; then every 6 hours for pain, ordered 3/7/24 and discontinued 3/7/24 - morphine sulfate solution 20 mg/ml give 0.5 ml (10 mg) every 4 hours for pain, and every 1 hour as needed for pain, ordered 3/7/24 and discontinued 3/12/24 <p>The March 2024 Medication Administration Record (MAR) indicated the following medications were administered on the following dates and times:</p> <ul style="list-style-type: none"> - morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 1 hour as needed for pain: 3/7/24 at 6:25 a.m. - morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 6 hours for pain: 3/7/24 at 12:00 a.m. - morphine solution 20 mg/ml, give 0.5 ml (10 mg) every 4 hours for pain: 3/7/24 at 4:00 p.m. and 8:00 p.m., 3/8/24 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m., 3/9/24 at 12:00 a.m., 4:00 a.m., and 8:00 a.m. - morphine solution 20 mg/ml, give 0.5 ml (10 mg) every 1 hour as needed for pain: 3/8/24 at 10:42 a.m. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The morphine sulfate (narcotic pain medication) solution 20 mg/ml give 0.5 ml (10 mg) every 4 hours for pain, and every 1 hour as needed for pain, narcotic count accountability sheet disposition record was blank with no dates, times, amount, or signatures the medication was given.</p> <p>The morphine sulfate solution 20 mg/ml, give 0.25 ml (5 mg) every 1 hour as needed for pain and every 6 hours scheduled for pain narcotic count accountability sheet disposition record indicated the medication was administered on the following dates and times:</p> <p>- 3/7/24 at 9:30 a.m., 1:00 p.m., 8:00 p.m., ; 3/8/24 at 1:00 a.m., 2:00 a.m., 4:00 a.m., 9:00 a.m., 10:45 a.m., 1:00 p.m., 4:00 p.m., 6:00 p.m., 9:00 p.m., 11:00 p.m., and 3/9/24 at 1:00 a.m., 2:00 a.m., 4:00 a.m., 5:00 a.m., and 7:00 a.m.</p> <p>During an interview, on 3/25/24 at 2:35 p.m., the Regional Nurse Consultant indicated the staff should have documented the correct amount and times of medications that were administered on both the MAR and the narcotic count accountability sheet disposition records.</p> <p>A facility policy titled, Controlled Substances and received as current from the Regional Nurse Consultant on 3/25/24, indicated, .4. Accurate accountability of the inventory of all controlled drugs is maintained at all times. When a controlled substance is administered, the licensed nursing personnel administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR): a) Date and time of administration (MAR, Accountability Record). b) Amount administered (MAR, Accountability Record). c) Remaining quantity (Accountability Record). d) Signature of the nursing personnel administering the dose (Accountability Record) e) Initials of the nurse administering the dose, completed after the medication is actually administered (MAR) .</p> <p>This citation relates to Complaint IN00430284.</p> <p>3.1-25(e)(2)</p> <p>3.1-25(e)(3)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Arbors Michigan City		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E Coolspring Ave Michigan City, IN 46360	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>32664</p> <p>Based on record review and interview, the facility failed to ensure a medical record was complete and accurately documented, related to a resident death, for 1 of 3 residents reviewed for hospice. (Resident E)</p> <p>Finding includes:</p> <p>Record review for Resident E was completed on 3/25/24 at 11:25 a.m. Diagnoses included, but were not limited to, heart failure, hypertension, diabetes mellitus, end stage renal disease and anxiety.</p> <p>An MDS (Minimum Data Set) assessment, dated 3/9/24, was completed for death in facility.</p> <p>A Nurse's Note, dated 3/8/24 at 6:30 p.m., indicated the nurse was called into the resident's room. The resident was unresponsive. The nurse attempted to wake the resident without success. The resident's blood pressure was unable to be obtained, pulse was 36 and oxygen saturation was 74% (percent). The nurse increased the resident's oxygen to 5 L (liters) and oxygen saturation level raised to 86%. The nurse alerted hospice care and the family of the resident's status. Hospice gave a verbal order to discontinue all medications except hospice comfort medications.</p> <p>There was a lack of any further documentation in the resident's record regarding the resident's status or the resident's death.</p> <p>The Administrator provided hospice documentation related to the resident's death that the facility had received from the hospice company on 3/25/24.</p> <p>The Hospice Death Visit, dated 3/9/24, indicated the resident had a terminal diagnosis of hypertensive heart and chronic kidney disease with heart failure. The patient had passed away at 8:33 a.m., on 3/9/24, attended by facility LPN 1. The hospice nurse was on the way to the facility when triage called to inform the hospice nurse of the resident's passing.</p> <p>During an interview, on 3/25/24 at 1:27 p.m., the Regional Nurse Consultant indicated the facility nurse should have completed documentation related to the resident's death in the facility and any pertinent notifications.</p> <p>During an interview, on 3/25/24 at 1:30 p.m., the Administrator indicated the Hospice Notes should have been uploaded into the resident's record related to the resident's death and was aware the facility staff should have completed documentation related to the resident's death in the facility and any pertinent notifications that were completed by facility staff.</p> <p>This citation relates to Complaint IN00430284.</p> <p>3.1-50(a)(1)</p>		