STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155156	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Arbors Michigan City	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review and interview, the facility failed to ensure activities of daily living (ADLs) were completed for a dependent resident related to lack of showers provided twice a week for 1 of 3 residents reviewed for ADLs. (Resident B)Finding includes:The record for resident B was reviewed on 7/29/25 at 2:04 p.m. Diagnoses included, but were not limited to, diabetes, adult failure to thrive, and chronic non-pressure ulcer of skin. The 5/20/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and required maximal assistance with ADLs and transfers.The Care Plan, revised on 4/11/25, indicated the resident had an ADL self-care performance deficit and required the assistance of 1-2 staff members to shower. The Tasks section of the resident's record indicated the resident was to receive a bath or shower on Tuesday and Friday evenings. The record lacked documentation of the resident being bathed from 7/1/2025 to 7/29/25. There was no bathing documented or refused for 7/4/25, 7/22/25, and 7/25/25. There were no documented attempts to re-schedule bathing refused by the resident on 7/1/25, 7/8/25, and 7/11/25, or when the resident was not available on 7/15/25. During an interview on 7/29/25 at 3:55 p.m., when informed of the findings, the Director of Nursing indicated staff needed to be educated about documentation and offered no additional information.This citation relates to Complaint 2566923.3.1-38(a)(3)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155156	A. Building B. Wing	07/30/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, record review, and interview, the facility failed to ensure a treatment was completed as ordered for 1 of 3 residents reviewed for non-pressure related skin conditions. (Resident D) Finding includes:On 7/30/25 at 9:08 a.m., LPN 2 was observed changing Resident D's non-pressure skin area on the right shin. She cleansed her hands, donned a gown and gloves, and removed the old dressing. She removed her gloves, cleansed her hands, donned new gloves, and then cleansed the wound with gauze and wound cleanser. She removed her gloves, performed hand hygiene, applied new gloves, and then applied xeroform to the wound and covered the area with a dry dressing. Resident 91's record was reviewed on 7/29/25 at 1:48 p.m. Diagnoses included, but were not limited to, dementia and cerebral infarction (stroke). The Quarterly Minimum Data Set (MDS) assessment, dated 5/6/25, indicated the resident was severely cognitively impaired for daily decision making. She had an unstageable pressure ulcer and was on hospice care. The Physician's Order, dated 7/17/25, indicated right shin skin tear, cleanse with normal saline or wound wash, pat dry, apply skin prep, apply xeroform, and dry dressing every Monday, Wednesday, and Friday and as needed. During an interview on 7/30/25 at 9:40 a.m., LPN 2 indicated she did not apply the skin prep during the wound care treatment. During an interview on 7/30/25 at 9:43 a.m., the Nurse Consultant indicated she had no further information to provide. This citation relates to Complaints 1610797 and 2566923. 3.1-37(a)