Printed: 05/05/2026
Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155156 | A. Building<br>B. Wing | 02/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Aperion Care Arbors Michigan City | 1101 E Coolspring Ave<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>Based on record review and interview, the facility failed to provide treatments as ordered and did not complete a skin assessment upon readmission for 1 of 3 residents reviewed for pressure ulcers. (Resident B)Finding includes:The record for Resident B was reviewed on 2/9/26 at 8:55 a.m. Diagnoses included, but were not limited to COPD, respiratory failure, diabetes, arthritis, heart failure, and pressure ulcer.A Care Plan, dated 11/10/25, indicated the resident had a pressure ulcer to left buttock, right buttock, left ischial tuberosity related to immobility, incontinence, obesity, fragile skin, and history of pressure ulcers. Interventions were to provide treatment as ordered, supplements as ordered to promote wound healing and assist with offloading bilateral lower extremities.The 12/11/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and was dependent with toileting, showering and lower body dressing. The resident needed substantial to maximum assistance for bed mobility and transfers. Sit to stand, chair to bed, and shower transfers required dependent assistance. The resident had a pressure ulcer and used a wheelchair.A Physician's Order, dated 12/11/25, indicated clean left buttock with soap/water, pat dry, apply zinc barrier cream mixed with antifungal ointment, and cover with bordered gauze every night shift for wound care.A Physician's Order, dated 12/11/25, indicated clean right buttock with soap/water, pat dry, apply zinc barrier cream mixed with antifungal ointment, and cover with bordered gauze every night shift for wound care.The December 2025 Treatment Administration Record (TAR) indicated the treatment was not signed out for the left and right buttock on December 20, 21, and 22, 2025.A Nurse's Note, dated 1/1/26 at 3:00 p.m., indicated the resident arrived to the facility via stretcher and was able to make needs known.A Nurse's Note, dated 1/1/26 at 3:00 p.m., indicated wounds/skin concerns presented with no changes in skin integrity.A Physician's Order, dated 1/2/26, indicated clean with Dakin's, pat dry, apply Dakin's-soaked gauze to wound bed, apply calcium alginate, and cover with bordered gauze every night shift for wound care.The January 2026 Treatment Administration Record (TAR) indicated the treatment was not signed out on January 2, and 3, 2026.During an interview on 2/10/26 at 8:50 a.m., the Director of Nursing (DON) indicated the nurse did not perform a skin assessment on 1/1/26, but she did perform it on 1/2/26 and identified the wound and ordered treatments to begin.During an interview on 2/10/26 at 9:00 a.m., the DON indicated she understood the concern and the skin assessment should have been completed on the day of readmission and not the next day and treatments should have been signed out.This citation relates to Intake 2716013. 3.1-40(a)(2) |

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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