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	05/13/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview, the facility failed to maintain comfortable and home like environment for 1 of 3 residents reviewed for environment. (Resident B)Finding includes:On 5/12/26 at 10:55 a.m., Resident B was observed lying down in bed. The resident had indicated he was lying on a broken old bed and his new bed had been sitting in the hallway and was the wrong bed. The resident rolled over and showed he had no headboard on his bed.During an interview at the time, Resident B indicated he had not had a headboard for months and the facility knew about it. The headboard was broken and maintenance just came and ripped it the rest of the way off the bed. The resident indicated he was almost 600 pounds and the facility ordered him the wrong bed.Resident B's record was reviewed on 5/12/26 at 10:45 a.m. Diagnoses included, but were not limited to, high blood pressure, heart failure, COPD (Chronic Obstructive Pulmonary Disease) and respiratory failure.The Quarterly Minimum Data Set (MDS) assessment, dated 2/11/26, indicated the resident was cognitively intact for daily decision making. The resident required supervision for bed mobility.During an interview on 5/12/26 at 11:05 a.m., the Maintenance Director indicated when his staff tried to put the new bed in Resident B's room when it was delivered, the resident refused the bed. When the staff tried again a few minutes ago, the resident refused the bed again. The resident indicated that they had the wrong bed. The resident had broken 3 beds and he had broken the headboard before as well because he used it to help himself get out of bed. He had told the Administrator and they ordered a new bed.During an interview on 5/12/26 at 11:35 a.m., the Administrator provided the order form for the bed that was ordered for Resident B. He indicated the maximum weight for the bed was 550 pounds and the resident weighed 571 pounds. He understood the concern with the resident not having a headboard and that the bed ordered would not accommodate the resident's weight. A new bariatric bed would be ordered by the end of the day.During an interview on 5/12/26 at 12:57 p.m., the Administrator indicated Maintenance found a bariatric bed in the facility. They would be moving the resident to that bed when he was ready to get up for the day.This citation relates to Intake 2992284.410 IAC (Indiana Administrative Code) 16.2-3.1-19(h)

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