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	12/09/2025

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 - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, record review, and interview, the facility failed to ensure activities of daily living (ADLs) were completed for dependent residents related to the removal of facial hair, dirty fingernails, and hair care for 3 of 7 residents reviewed for ADLs. The facility also failed to ensure a dependent resident received a sack lunch to take with him to dialysis for 1 of 1 resident reviewed for dialysis. (Residents 5, 11, 6 and 7)Findings include: 1.On 12/1/25 at 11:15 a.m., Resident 5 was seated in his wheelchair, he had an accumulation of facial hair. During an interview at that time, the resident indicated he preferred to be clean shaven. On 12/2/25 at 3:47 p.m., the resident was seated in his wheelchair in his room. He remained unshaven. On 12/3/25 at 9:22 a.m. and 1:27 p.m., the resident remained unshaven. During an interview on 12/3/25 at 1:30 p.m., the resident indicated he could use a shave. On 12/4/25 at 11:00 a.m., the resident's facial hair remained. At 11:08 a.m., CNA 2 was taken into the resident's room. The CNA asked the resident if he would like a shave and the resident indicated he needed one. The CNA indicated she would get the resident shaved. At 1:07 p.m., the resident was in his room watching television and had not been shaved. The record for Resident 5 was reviewed on 12/4/25 at 9:01 a.m. Diagnoses included, but were not limited to, altered mental status and mild intellectual disabilities. The Annual Minimum Data Set (MDS) assessment, dated 9/29/25, indicated the resident was moderately impaired for daily decision making and he required supervision or touching assistance for personal hygiene and partial to moderate assistance with bathing. A current Care Plan indicated the resident had an ADL self-care performance deficit related to impaired balance, limited mobility, chronic obstructive pulmonary disease (COPD), and weakness. Interventions included, but were not limited to, one person staff assistance for bathing and personal hygiene. During an interview on 12/4/25 at 3:30 p.m., the Director of Nursing indicated the resident should have been shaved per his request and she would check into it. 2. During an interview on 12/2/25 at 11:01 a.m., Resident 11 indicated her hair was not routinely washed every week as she preferred to have a complete bed bath versus a shower. She would like her hair washed at least three times a week. The record for Resident 11 was reviewed on 12/3/25 at 12:00 p.m. Diagnoses included, but were not (continued on next page)

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	12/09/2025

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 - Some	limited to, CHF, cellulitis lower limbs, chronic ulcers of the skin, panic disorder, adult failure to thrive, anxiety, major depressive disorder, and fibromyalgia (a chronic condition causing widespread body pain). The 11/7/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and was dependent on staff for bathing and hair washing. The resident had scheduled and prn (as needed) pain medication for occasional pain. Her pain was five out of 10. She received an opioid medication. A Care Plan, revised 4/11/25, indicated the resident had an ADL self care deficit. A Care Plan, revised on 11/10/25, indicated the resident was non-compliant/resistive to care with with showers, wound care, and daily care. Shower sheets for 10/2025 and 11/2025, indicated the resident received a bed bath on 10/7, 10/10, 10/14, 10/17, 10/21, 10/24, 10/31, 11/4, 11/7, 11/14 and 11/25/25, however, for the section hair washed it was blank and not completed. For bed baths completed on 11/18, 11/21, and 11/28/25, the section hair washed was coded No. There was no documentation in nursing notes or on the shower sheets where the resident refused to have her hair washed. During an interview on 12/4/25 at 10:40 a.m., ADON 3 indicated the resident's hair should be washed as needed. During an interview on 12/4/25 at 11:00 a.m., the Director of Nursing indicated she has talked and tried to convince the resident to take a shower, however, she was afraid of the shower bed/chair. She was aware the resident did refuse baths and showers, however, staff needed to document the refusals of for her hair being washed. 3. During an observation on 12/1/25 at 11:10 a.m. Resident 6 was observed sitting in his wheelchair. At that time, he had a large amount of facial hair on his chin and neck. The resident's left hand fingernails were dirty with a brown-like substance underneath them. The resident indicated at that time, he preferred to be shaved. During random observations on 12/2/25 at 10:05 a.m., on 12/3/25 at 9:12 a.m., 9:55 a.m., and 2:41 p.m., and on 12/4/25 at 9:25 a.m., the resident was observed with a large amount of facial hair and his right hand fingernails were dirty. During an observation on 12/3/25 at 9:50 a.m. the resident was pushed out of the shower room with wet hair. He was not shaved nor were his nails cleaned. During an observation on 12/4/25 at10:16 a.m., CNA 3 was in the resident's room. At that time, the CNA observed the resident's fingernails and indicated they were in need of cleaning. She also indicated male residents were usually shaved on their shower days. The record for Resident 6 was reviewed on 12/3/25 at 9:20 a.m. Diagnoses included, but were not limited to, stroke, anxiety, adult failure to thrive, vascular dementia, major depressive disorder, dementia, long term use of anticoagulants, and atrial fibrillation. (continued on next page)

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	12/09/2025

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 - Some	The Quarterly Minimum Data Set (MDS) assessment, dated 9/3/25, indicated the resident was not alert and oriented for daily decision making and was dependent on staff for personal hygiene and bathing. A Care Plan, revised on 4/22/25, indicated the resident had an ADL self-care/mobility performance (functional abilities) deficit. The November 2025 shower sheets indicated nail care was completed for the resident on 11/1, 11/15, 11/19, and 11/22/25. There was no documentation of the resident being shaved. A skin/shower sheet provided on 12/4/25 at 10:55 a.m. by the Director of Nursing (DON) indicated the resident was last shaved on 11/26/25 and nail care was also provided. During an interview on 12/4/25 at 10:58 a.m., the DON indicated the CNA that showered him yesterday said she did shave him, and told her the razors they used were terrible. She indicated the resident's nails should have been cleaned and he should have been shaved as needed. 4. During an interview on 12/2/25 at 11:44 a.m., Resident 7 indicated he went to dialysis on Monday, Wednesday, and Fridays. On those days, he missed lunch. The facility did not always pack him a lunch and he would have to wait to eat until supper. The record for Resident 7 was reviewed on 12/03/25 at 8:43 a.m. Diagnoses included, but were not limited to, chronic kidney disease and diabetes. The Quarterly Minimum Data Set (MDS) assessment, dated 11/4/25, indicated the resident was cognitively intact for daily decision making, required assistance with activities of daily living (ADLs), and was on dialysis. A Care Plan, revised on 5/4/24, indicated the resident had a potential nutritional problem. Interventions included to provide and serve diet as ordered. During an interview on 12/8/25 at 11:45 a.m., PT 1 indicated the resident came to therapy after he returned from dialysis on Monday, Wednesday, and Friday. She indicated he was not regularly getting a lunch to take with him to dialysis. There were times he did not feel well, and she gave him food she had to eat in the therapy gym. She indicated she and the rehab director communicated with the kitchen about sending a lunch with the resident, but he would often come to therapy from dialysis hungry. During an interview on 12/8/25 at 3:15 p.m., the Director of Nursing (DON) was informed of the finding. No additional information was received. 3.1-38(a)(2)(D) 3.1-38(a)(3)(B) 3.1-38(a)(3)(D) 3.1-38(a)(3)(E)

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	12/09/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 follow up documentation after a fall was completed for 1 of 4 residents reviewed for accidents. The facility also failed to ensure a treatment to a skin tear was completed as ordered, areas of bruising and skin lesions were assessed and monitored, and geri-sleeves and/or long sleeves were in use for 5 of 6 residents reviewed for skin conditions non-pressure related. The facility also failed to monitor and assess edema for 2 of 2 residents reviewed for edema. (Residents 6, 9, 70, 14, and 28)Findings include:1. During an observation on 12/1/25 at 11:10 a.m., Resident 6 was observed sitting in his wheelchair next to the bed. At that time, the resident's right hand was wrapped in a kerlix bandage. During an observation on 12/3/25 at 9:12 a.m., the resident was in bed wearing a short sleeved hospital gown. He had a large red and purple bruise to his left elbow. At 9:29 a.m., the resident was taken to the shower room for a bath. At 9:50 a.m., he was wheeled out of the shower room wearing a short sleeve shirt. During a treatment observation on 12/3/25 at 2:41 p.m. the Wound Nurse Consultant removed the old bandage from the right hand. At that time there was a gauze sponge over the wound and when removed, there were 2 pieces of Xeroform dressing on top of the skin tear. During an interview at that time, the Wound Nurse Consultant indicated that was not the treatment order. The Xeroform bandage should not have been placed on the skin tear. During an observation on 12/4/25 at 9:25 a.m., the resident was sitting in his wheelchair next to his bed wearing a short sleeve shirt. On 12/4/25 at 10:16 a.m., CNA 2 entered the resident's room and was asked if she knew the resident was to wear long sleeves, geri sleeves or tubi grips. She indicated she was not aware of that information. She then checked the computer and there was no information the resident was to be wearing long sleeves due to fragile skin. During an observation on 12/4/25 at 10:35 a.m., ADON 3 entered the resident's room. At that time, she indicated she was aware of the bruising to the resident's left hand, however she was not aware of the bruise to the left elbow. The record for Resident 6 was reviewed on 12/3/25 at 9:20 a.m. Diagnoses included, but were not limited to, stroke, anxiety, adult failure to thrive, vascular dementia, major depressive disorder, dementia, long term use of anticoagulants, and atrial fibrillation. The Quarterly Minimum Data Set (MDS) assessment, dated 9/3/25, indicated the resident was not alert and oriented for daily decision making and was dependent on staff for personal hygiene and bathing. A Care Plan, revised on 6/12/25, indicted the resident was at risk for bruising related to anticoagulant use. The approaches were to asses for bruises. A Care Plan, revised on 6/12/25, indicated the resident had the potential for skin impairment and had a history of picking at his skin. The approaches were to encourage the resident to be compliant with interventions to protect the skin, including long sleeves, geri sleeves, or tubi grips to bilateral arms. (continued on next page)

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	12/09/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Physician's Order, dated 12/1/25, indicated to cleanse the skin tear with normal saline, apply bacitracin to the wound bed, cover with gauze and wrap with kerlix every Monday, Wednesday and Friday. The skin tear measurements, dated 12/1/25, indicated the area measured 4.5 centimeters (cm) in length and 0.20 cm in width. During an interview on 12/4/25 at 10:40 a.m., ADON 3 indicated she would assess the new bruises. During an interview on 12/4/25 at 10:55 a.m., the Director of Nursing (DON) indicated the wound nurse should have followed the physician orders and bruises were to be reported and monitored as needed. 2. The record for Resident 9 was reviewed on 12/4/25 at 1:10 p.m. Diagnoses included, but were not limited to, dementia, psychotic disorder with delusions, anxiety disorder, heart disease, major depressive disorder, and heart failure. The 11/27/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making and had minimal difficulty hearing with no hearing aides. She needed partial to moderate assistance with sitting to stand and transfers from the bed to the chair and vice versa. She had a history of one fall with no major injury since the last assessment and has no oral problems. A Care Plan, revised on 11/17/25, indicated the resident had the potential for falls. The approaches were to place anti skid strips next to the bed. An Initial Fall Occurrence Report, dated 11/14/25 at 6:27 a.m., indicated the resident had an unwitnessed fall in her room self transferring. The resident stated that she was sleep walking when asked how she ended up on the floor. The resident was observed with with swelling and bruising to her face. There was documentation of fall follow up on 11/14 and 11/15/25, however, there was no documentation of any fall follow up assessments or vital signs checked on 11/16/25. A 72 hour charting note, dated 11/15/25 at 11:15 p.m., indicated the resident was observed with deep purple facial, neck, and chest bruising. The Weekly Skin Observation assessment, dated 11/19/25 indicated there were new skin concerns observed. If new, section three was to be completed. Section three was blank and there was no documentation of assessment of bruised areas sustained from the fall on 11/14/25. A Physician's Order, dated 11/24/25 (10 days after the fall), indicated to monitor bruising to the face and chest for any abnormal enlargement until reabsorbed. During an interview on 12/8/25 at 11:20 a.m., ADON 3 indicated she was unaware the order was put in to monitor the bruises on 11/24/25 and indicated nursing staff should have been monitoring it right after the fall. She was unaware the weekly skin observation sheet, dated 11/19/25, was not completed correctly and did not identify the new bruises and swollen face. During an interview on 12/8/25 at 1:07 p.m., the Director of Nursing (DON) indicated fall follow up was (continued on next page)

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	12/09/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to be completed every shift for 72 hours. During an interview on 12/8/25 at 2:07 p.m., the DON indicated the bruises and swollen face were monitored on 11/14, 11/15, and 11/17/25 on the 72 hour fall follow up, however, the bruises were not documented and monitored until the order was put in on 11/24/25. 3. During random observations on 12/1/25 at 10:56 a.m., 12/3/25 at 1:28 p.m., and 12/4/25 at 10:20 a.m., Resident 70's legs were very swollen. She was wearing non-slip socks that were deeply indented into her ankles. The record for Resident 70 was reviewed on 12/4/25 at 9:06 a.m. Diagnoses included, but were not limited to, cellulitis of the left leg, dementia, and edema. The Quarterly Minimum Data Set (MDS) assessment, dated 9/25/25, indicated the resident had moderate cognitive impairment and required moderate assist with activities of daily living (ADLs) and transfers. Weekly Skin Observations, dated 11/18/25 and 11/25/25, indicated the resident had edema to her legs. The 12/2/25 assessment did not indicate edema. A Nurse Practitioner assessment, dated 12/3/25, indicated 2+ edema to the right lower leg and 3+ edema to the left lower leg. A Care Plan, revised on 1/15/25, indicated the resident was at risk for decreased cardiac output. Interventions included observing for edema. On 12/8/25 at 1:38 p.m., ADON 1 observed the resident's ankles and immediately removed the indenting socks, indicated they were too small and she would get larger socks for the resident. During an interview on 12/8/25 at 9:00 a.m., the Director of Nursing (DON) indicated edema should be documented on the weekly skin assessment. 4. During random observations on 12/1/25 at 11:38 a.m., 12/3/25 at 9:22 a.m., 12/4/25 at 10:23 a.m., and 12/8/25 at 10:55 a.m. Resident 14's ankles were visibly swollen. The resident's record was reviewed on 12/03/25 at 9:34 a.m. Diagnoses included, but were not limited to fluid overload. The Medicare-5 Day Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and required moderate assist with activities of daily living (ADLs) and transfers. Weekly Skin Assessments, dated 11/19/25 and 11/26/25, did not indicate edema. A Care Plan, revised on 8/20/25, indicated the resident was at risk for decreased cardiac output. Interventions included observing for edema. During an interview on 12/8/25 at 9:00 a.m., the Director of Nursing (DON) indicated edema should be documented on the weekly skin assessment. (continued on next page)

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	12/09/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During a random observation on 12/2/25 at 9:37 a.m., an area of several small open, red, bloody areas were observed to Resident 28's left upper arm. There was a large bruise on his left forearm. The resident's record was reviewed on 12/03/25 at 1:46 PM. Diagnoses included, but were not limited to, dementia and adult failure to thrive. The Medicare-5 Day Minimum Data Set (MDS) assessment, dated 11/22/25, indicated the resident had severe cognitive impairment, required supervision assistance with activities of daily living, and moderate assistance with transfers. Weekly Skin assessments, dated 11/24/25, 12/1/25, and 12/8/25, lacked documentation of the left upper arm lesions and the bruise to the left forearm. A Physician's Order, dated 11/17/25, indicated weekly skin assessment on Mondays during the day shift. A Care Plan, dated 11/18/25, indicated the resident had a potential for impaired skin integrity. Interventions included assessing/recording changes in skin status. On 12/8/25 at 1:29 p.m., ADON 1 observed the scabbed areas to the resident's left upper arm, and the bruise to the left forearm. She indicated she did not know what they were from, but they should be monitored & documented. A policy titled, Skin Condition Assessment & Monitoring, received from the VP of Clinical Services as current on 12/9/25 at 10:35 a.m., indicated, . Non-pressure skin conditions (bruises / contusions, abrasions, lacerations, rashes, skin tears, surgical wounds, etc.) will be assessed for healing progress and signs of complications weekly . 3.1-37(a)

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	12/09/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to maintain clinical records that were complete and accurately documented related to documentation of food consumption for 2 of 2 residents reviewed for nutrition. The facility also failed to ensure documentation was completed on the medication and treatment records as well as in the nursing progress notes related to medication administration and oxygen use for 1 of 5 residents reviewed for unnecessary medications and 1 of 3 residents reviewed for oxygen. There was also no discharge note completed for a resident who left the facility against medical advice (AMA) for 1 of 3 closed records reviewed. (Residents 59, 8, 74, 11, 12, and 123)Findings include: 1.The record for Resident 59 was reviewed on 12/2/25 at 4:01 p.m. Diagnoses included, but were not limited to, adult failure to thrive and edema. The Quarterly Minimum Data Set (MDS) assessment, dated 9/11/25, indicated the resident was cognitively intact. He required supervision or one person physical assistance with eating. A Care Plan, dated 7/3/25, indicated the resident had a nutritional problem or potential nutritional problem related to chronic obstructive pulmonary disease (COPD) and hypertension. Interventions included, but were not limited to, provide and serve diet as ordered. On 10/6/25, the resident weighed 166 pounds. On 11/11/25, the resident weighed 154 pounds. The food consumption monitoring located in the Task section of the electronic medical record indicated no breakfast or lunch was documented for the resident on 11/16, 11/24, and 11/30/25. No dinner intake was documented on 11/5, 11/8, 11/9, 11/10, and 11/22/25. During an interview on 12/8/25 at 2:13 p.m., the Director of Nursing indicated the resident's food consumption should have been documented. 2. The record for Resident 8 was reviewed on 12/4/25 at 3:41 p.m. Diagnoses included, but were not limited to, Parkinson's disease, dementia with behavioral disturbance, anxiety disorder, and fracture of the neck of the right femur. The Significant Change Minimum Data Set (MDS) assessment, dated 9/16/25, indicated the resident was cognitively impaired for daily decision making and he received opioid medications. The December 2025 Physician's Order Summary (POS) indicated the resident was to receive Lorazepam concentrate (an anti-anxiety medication) 2 milligrams (mg) per milliliter (ml) every six hours as needed (PRN) for anxiety for 14 days and Morphine Sulfate (an opioid pain medication) oral solution 20 mg/ml give 0.25 ml every two hours PRN for pain or dyspnea (difficulty breathing). The October 2025 Medication Administration Record (MAR) indicated QMA 1 administered the PRN Morphine to the resident on 10/15/25 at 9:08 a.m. and on 10/31/25 at 8:25 a.m. and 12:24 p.m. On 10/25/25 at 2:32 p.m., QMA 4 administered the resident's PRN Morphine. (continued on next page)

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	12/09/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/26/25 at 5:52 p.m., QMA 5 administered the resident's PRN Morphine. There was no documentation indicating the QMAs received authorization from the licensed nurse prior to giving the medication. The November 2025 MAR indicated QMA 3 administered the resident's PRN Lorazepam on 11/25/25 at 1:08 p.m. Again, there was no documentation indicating the QMA received authorization from the licensed nurse prior to giving the medication. The December 2025 MAR indicated QMA 2 administered the resident's PRN Morphine on 12/6/25 at 4:34 p.m. and his PRN Lorazepam on 12/6/25 at 10:00 p.m. There was no documentation indicating the QMA received authorization from the licensed nurse prior to giving the medication. During an interview on 12/8/25 at 2:58 p.m., the Director of Nursing indicated the QMAs were to document in the nursing progress notes that they received approval from the nurse to administer PRN medications. 3. On 12/1/25 at 10:30 a.m., Resident 74 was observed in her room in bed. Oxygen by the way of a nasal cannula was in use at two liters. On 12/2/25 at 3:42 p.m., 12/3/25 at 9:10 a.m. and 1:23 p.m., and 12/4/25 at 9:58 a.m., the resident remained in her room in bed with the oxygen in use. The record for Resident 74 was reviewed on 12/4/25 at 11:45 a.m. Diagnoses included, but were not limited to, epilepsy, hypertension, and aphasia (difficulty speaking) following a stroke. The Quarterly Minimum Data Set (MDS) assessment, dated 11/11/25, indicated the resident was cognitively impaired for daily decision making. There was no care plan related to the oxygen use. A Physician's Order, dated 12/1/25, indicated oxygen at two liters was to be applied per nasal cannula as needed (PRN) for shortness of breath. Notify the physician if the resident's oxygen saturation was below 90%. The December 2025 Medication Administration Record (MAR) indicated the resident's oxygen was not signed out as being in use 12/1-12/4/25. During an interview on 12/4/25 at 3:22 p.m., the Director of Nursing indicated if the oxygen was in use, it should have been signed out as being in use on the MAR. During an interview on 12/8/25 at 8:45 a.m., the Director of Nursing indicated the oxygen use for 12/1, 12/2 and12/3/25 was documented in the nursing progress notes but not on the MAR. 4. The record for Resident 11 was reviewed on 12/3/25 at 12:00 p.m. Diagnoses included, but were not limited to, CHF, cellulitis lower limbs, chronic ulcers of the skin, panic disorder, adult failure to thrive, anxiety, major depressive disorder, and fibromyalgia (a chronic condition causing widespread body pain). (continued on next page)

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	12/09/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 11/7/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making and was dependent on staff for bathing and hair washing. The resident had scheduled and prn (as needed) pain medication for occasional pain. Her pain was five out of 10. She received an opioid medication. A Physician's Order, dated 8/6/25, indicated, Oxycodone 10-325 milligrams (mg) give one tablet every six hours as needed for pain. The 10/2025 Medication Administration Record (MAR) indicated the Oxycodone was signed out as being administered 20 times at different times of the day. The Controlled Drug Administration Record indicated the Oxycodone was signed out being administered to the resident 61 times at different times of the day. The 11/2025 MAR indicated the Oxycodone was signed out as being administered 18 times at different times of the day. The Controlled Drug Administration Record indicated the Oxycodone was signed out as being administered to the resident 51 times at different times of the day. During an interview on 12/4/25 at 10:40 a.m., ADON 3 indicated nursing staff needed to sign the medication out on the MAR as well as the narcotic sheets. During an interview on 12/4/25 at 11:00 a.m. the Director of Nursing indicated nursing staff were to sign the medication out on the MAR. 5. The record for Resident 12 was reviewed on 12/3/25 at 10:25 a.m. Diagnoses included, but were not limited to, fracture of the left femur, Alzheimer's disease, anxiety, chronic kidney disease, high blood pressure, and depression. The 10/21/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making and a significant weight loss. The meal consumption logs under the CNA task section indicated there was no documentation for breakfast on 10/5, 10/7, 10/9, 10/10, 10/13, 10/14, 10/17, 10/19, 10/21, 10/23, 11/4, 11/16, 11/24, 11/30, and 12/3/25. There was no documentation for lunch on 10/5, 10/7, 10/9, 10/10, 10/13, 10/14, 10/16, 10/17, 10/19, 10/21, 10/23, 11/16. 11/24, 11/28, 11/30, and 12/3/25 and no documentation for dinner on 10/1, 10/21, 10/23, 10/26, 11/3, 11/4, 11/8, 11/9, 11/10, 11/22, and 11/26/25 During an interview on 12/8/25 at 11:15 a.m., ADON 3 indicated a lot of times her family will bring in food for her to eat or she will door dash food in, however, they still should be completing food consumption for her. During an interview on 12/8/25 at 11:30 a.m., CNA 2 indicated sometimes the family will eat with her in the dining room. She indicated whatever the resident ate she was to document the amount in the computer. The current and undated Food Intake policy, provided by the Director of Nursing on 12/8/25 at 2:05 p.m., indicated food intake will be recorded by assigned staff. (continued on next page)

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	12/09/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. Closed record review for Resident 123 was completed on 12/8/25 at 10:31 a.m. Diagnoses included, but were not limited to, coronary artery disease, hypertension, and hyperlipidemia. The resident was admitted to the facility on [DATE]. A Nurse's Note, dated 9/4/25 at 4:33 p.m., indicated the resident arrived at the facility by private car. The resident was alert and oriented. A Nurse's Note, dated 9/4/25 at 7:04 p.m., indicated the resident went home in his private car with all his personal belongings against medical advice. The Nurse Practitioner, Director of Nursing, and the Assistant Director of Nursing was informed. The resident signed a form he was leaving the facility against medical advice on 9/4/25 at 6:01 p.m. The form included to check mark if the resident was provided with any discharge planning. There were no checkmarks completed on the form for any discharge planning completed. There was a lack of documentation to indicate any type of discharge planning was attempted with the resident, that included his current treatment and medication regimens before he left the facility. There was a lack of documentation to indicate the resident's emergency contact was notified the resident had decided to leave the facility against medical advice. During an interview on 12/8/25 at 11:08 a.m., the Director of Nursing (DON) indicated the resident was only in the facility a few hours before he left against medical advice. There was no documentation to indicate any discharge planning was attempted with the resident before he left the facility. A policy titled, AMA Discharge Guidelines – (Against Medical Advice) and received as current from the facility on 12/8/25, indicated, .Procedure: 1. If the resident has made their desire to discharge against medical advise known, the following should be attempted prior to the resident leaving the facility: a. Discharge planning must identify the discharge destination, and ensure it meets the resident's health and safety needs, as well as preferences.3. The nurse on duty will provide the resident and/or legal guardian of information regarding the resident's current treatment and medication regimens.9. In the event the resident is signing him/herself out AMA, his/her legal representative and/or family member will be notified by facility personnel. 3.1-50(a)(1)3.1-50(a)(2)

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	12/09/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on random observations, record review and interview, the facility failed to ensure infection control practices were in place and implemented related to the storage of urinals and wash basins for 3 of 4 units throughout the facility. The facility also failed to ensure the glucometer was disinfected correctly for 1 of 1 glucometer observed as well as nursing staff dispensing pills into their bare hand for 1 of 11 residents observed during medication administration. (Residents 59, 88, and 10, the 100, 200, and 300 units)Findings include:1.On 12/2/25 at 10:05 a.m., Resident 59 was observed in his room in his bed. The head of the bed was elevated and his urinal was positioned on the quarter side rail with urine in it. On 12/3/25 at 1:25 p.m., the resident was observed in bed and his urinal was again hanging from the side rail with urine in it. On 12/4/25 at 11:00 a.m., the resident was observed in bed and his urinal was again hanging from the side rail with urine in it. The record for Resident 59 was reviewed on 12/2/25 at 4:01 p.m. Diagnoses included, but were not limited to, adult failure to thrive and edema. The Quarterly Minimum Data Set (MDS) assessment, dated 9/11/25, indicated the resident was cognitively intact. There was no care plan related to the resident hanging his urinal from the bedside. During an interview on 12/8/25 at 2:58 p.m., the Director of Nursing indicated the resident's urinal shouldn't be hanging from the side rail with urine in it. 2. During the Environmental tour on 12/9/25 at 9:30 a.m., with the Maintenance Director and the Housekeeping Supervisor, the following was observed: 100 Unit a. room [ROOM NUMBER] - there was an uncontained pink wash basin on the top of the counter in the bathroom. There were two residents who shared the bathroom. 200 Unit: a. room [ROOM NUMBER] - there was an uncontained pink wash basin on the floor next to the toilet in the bathroom. There were two residents who shared the bathroom. b. room [ROOM NUMBER] - there was an uncontained toothbrush laying on the counter in the bathroom. There were two residents who shared the bathroom. c. room [ROOM NUMBER] - there was an uncontained toothbrush and two razors on the bathroom counter. There were two residents who shared the bathroom. 300 Unit (continued on next page)

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	12/09/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. room [ROOM NUMBER] - there was one uncontained wash basin on top of the counter in the bathroom. There were two residents who shared the bathroom. b. room [ROOM NUMBER] - there were two uncontained wash basins on top of the counter in the bathroom. There were two residents who shared the bathroom. c. room [ROOM NUMBER] - there was one uncontained pink wash basin on the floor underneath the sink and one uncontained basin on top of the counter in the bathroom. There were two residents who shared the bathroom. d. room [ROOM NUMBER] - there were 2 uncontained pink wash basins stacked on top of each other and one uncontained urinal on the bathroom counter. There were two residents who shared the bathroom. e. room [ROOM NUMBER] - there was one uncontained pink wash basin on top of the counter in the bathroom. There was one resident who used the bathroom. h. room [ROOM NUMBER] - there were four uncontained pink wash basins stacked on top of each other on the floor in the bathroom. There were two residents who shared the bathroom. During an interview on 12/8/25 at 10:00 a.m., the Maintenance Director and Housekeeping Director indicated the basins were to be stored in plastic bags. The 1/16/18 and current Cleaning-Sanitizing Bedside Equipment policy, provided by the [NAME] President of Clinical Services on 12/9/25 at 10:35 a.m., indicated bedside equipment such as bedpans, wash basins, and urinals may be stored in separate plastic bags in shared resident bathroom and appropriately labeled with resident names, otherwise these items should be placed in plastic bags and stored in the bedside cabinet or closet. 3. On 12/3/25 at 10:37 a.m., RN 1 was observed to complete blood sugar testing on Resident 88. She removed the glucometer out of the medication cart and proceeded to wipe the glucometer with an alcohol wipe. She then went into Resident 88's room and performed blood sugar testing with the glucometer. She then went back to the medication cart where she proceeded to clean the glucometer once again with an alcohol wipe. During an interview with RN 1 at the time of the observation, she indicated she had cleaned glucometers with alcohol wipes since she had been a nurse. When asked if she had been instructed on the facility's policy and procedure for cleaning glucometers, she indicated yes, she had been instructed. A policy titled, Glucometer Cleaning and provided by the Director of Nursing (DON) on 12/3/25 indicated, .The blood glucose monitor should be cleaned and disinfected between each resident test. Procedure 4. wipe meter with 1:10 solution bleach wipe/towel until all surfaces of the glucometer are visibly wet. 4. On 12/4/25 at 9:16 a.m., RN 2 was observed preparing to administer a medication to Resident 10. She popped two acetaminophen 325 mg (milligram) tablets into her hand from the medication card before putting them in the medicine cup. (continued on next page)

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	12/09/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with RN 2 at the time of the observation, she indicated she should have popped them into a medicine cup and not put them in her hand. She went on to administer the medication. During an interview on 12/4/25 at 9:32 a.m., the Assistant Director of Nursing (ADON) 4, indicated the nurse should have popped the medication into the cup and not into her bare hands. During an interview on 12/4/25 at 9:35 a.m., Nurse Consultant 1 indicated the nurse should have worn gloves and not touched the medication with her bare hands. A policy titled, Medication Administration General Guidelines and received as current from the facility on 12/4/25, indicated, .Preparation.3. Examination gloves are worn when necessary. 3.1-18(b)

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	12/09/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to keep the resident's environment clean and in good repair related to marred walls and door frames, dirty ceiling vents, walls, windows, and closet shelves, warped floor tile, missing paper towel covers, rusted toilet bolts and missing covers, stained toilets, and broken medication drawers on the medication carts for 3 of 4 units. (Units 100, 200, and 300)Findings include:1. During the Environmental tour on 12/9/25 at 9:30 a.m., with the Maintenance Director and the Housekeeping Supervisor, the following was observed: 100 Unit a. room [ROOM NUMBER] - the bathroom wall was marred and the ceiling vent was dirty and dusty. There were two residents who shared the bathroom. b. room [ROOM NUMBER] - the room walls were dirty as well as the over bed table. The toilet bolts were rusty and missing covers and the ceiling vent was dirty and dusty. There were two residents who resided in the room and shared the bathroom. c. room [ROOM NUMBER] - the hinge was broken on the closet door exposing a sharp screw. The bathroom ceiling vent was dirty and dusty. There was 1 resident who resided in the room and 2 residents shared the bathroom. 200 Unit: a. room [ROOM NUMBER] - there was corrosion around the faucet in the bathroom. The ceiling vent was dirty and dusty. There were two residents who shared the bathroom. b. room [ROOM NUMBER] - there were cobwebs at the base of the window behind the head of the bed. There was no cover for the paper towel holder. The toilet bolts were exposed on each side of the toilet, There were two residents who resided in the room and four residents shared the bathroom. c. room [ROOM NUMBER] - the wall behind the head of bed and the base of the closet was gouged and marred. There was no cover on the paper towel dispenser in the bathroom and the ceiling vent was dirty and dusty. There were two residents who resided in the room and two residents shared the bathroom. d. room [ROOM NUMBER] - there was no drain plug in the bathroom sink. The bolts at the base of the toilet were exposed on each side and there was no cover on the paper towel dispenser in the bathroom. The ceiling vent was dusty and dirty. There was 1 resident who used the bathroom. e. room [ROOM NUMBER] - there was no drain plug in the bathroom sink and the bolts at the base of the toilet were exposed on each side. There was no cover on the paper towel dispenser in the bathroom and the floor tile was warped under the bathroom sink and on the side of the toilet. There were rust stains inside the toilet bowl and the ceiling vent was dust and dirty. There was a large amount of dust on the fan blades and grate on a fan that was on bedside stand. There were two residents who resided in the room and four resident shared the bathroom. (continued on next page)

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	12/09/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. room [ROOM NUMBER] - The walls were marred and gouged behind the head of the bed. The floor mat next to the bed was stained. The bathroom and closet doors were marred. There was no cover for the paper towel dispenser and the toilet seat was too small and did not completely cover the toilet. The ceiling vent was dusty and dirty. There was one resident who resided in the the room and two residents shared the bathroom. g. room [ROOM NUMBER] - there was no drain stop in the bathroom sink and the toilet bowl had rust stains inside. There was one resident who resided in the room and two residents shared the bathroom. 300 Unit a. room [ROOM NUMBER] - the floor tile in the bathroom was warped and the panel on the bathroom door was buckled. The toilet had brown stains on the inside and the ceiling vent was dirty and dusty. There were 2 residents who shared the bathroom. b. room [ROOM NUMBER] - the bathroom ceiling vent was dirty and dusty. c. room [ROOM NUMBER] - there was a clump of a dried brown substance on the wall. The floor tile in the bathroom was warped and the ceiling vent was dusty and dirty. There were 2 residents who resided in the room and shared the bathroom. d. room [ROOM NUMBER] - the bathroom and resident room doors were marred. The walls were marred in the bathroom and the ceiling vent was dirty and dusty. There were two residents in the room and shared the bathroom. e. room [ROOM NUMBER] - the base of the over bed table was dirty and top had a piece missing. There were two residents who resided in the room. f. room [ROOM NUMBER] - the floor tile in the bathroom was warped and peeling away from the base of the toilet. There were two residents who shared the bathroom. g. room [ROOM NUMBER] - the bathroom floor tile was warped behind the toilet and there were brown stains inside the toilet bowl. The ceiling vent was dirty and dusty. There was one resident who used the bathroom. h. room [ROOM NUMBER] - the cover over an outlet was cracked and missing in places. The floor tile in the bathroom was peeling away from the wall and warped around the toilet. The ceiling vent was dusty and dirty. There were two residents who resided in the room and used the bathroom. During an interview on 12/8/25 at 10:00 a.m., with the Maintenance Director and Housekeeping Director all of the above was in need of cleaning and/or repair. 2. Medication Storage observation was completed on 12/8/25 at 3:38 p.m. - 3:53 p.m. with facility staff. The following was observed: a. 300 Unit Team 1 Medication Cart and Team 2 Medication Cart observed with RN 3: Both the carts had a cut out, broken area to the top lip area of the second drawers. The RN indicated she was unsure how long there had been broken areas to the drawers. (continued on next page)

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	12/09/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. 300/400 Unit Medication Cart 2 was observed with Agency LPN 1: The cart had a cut out, broken area, to the top lip area of the second drawer. When the cart was locked, the surveyor was still able to pull the drawer out a little and slide half of a hand into the cut out broken area and touch the medication cards. The Agency LPN indicated that it was the first time she was on the cart and was unaware of the broken areas to the drawer. c. 200 Unit Medication Cart 2 was observed with QMA 1: The cart had a cut out, broken area to the top lip area of the second drawer. The QMA indicated she was unsure how long there had been broken areas to the drawer. d. 100 Unit Medication Cart 1 was observed with LPN 1: The cart had a cut out, broken area to the top lip area of the second drawer. The LPN indicated the drawer had a broken cutout area for a long time. During an interview on 12/8/25 at 4:05 p.m., the Director of Nursing (DON) indicated the staff should have reported the drawers had broken pieces. She would call the pharmacy right away and have them replaced. A policy titled, Equipment and Supplies for Administering Medications and received as current from the facility on 12/9/25, indicated, .Procedures 1. The following equipment and supplies are acquired and maintained by the facility for the proper storage, preparation, and administration of medications. a. Lockable medication carts, cabinets, drawers.4. The charge nurse or in accordance with facility policy, is notified if supplies are inadequate or equipment fails to work properly. The charge nurse reports equipment and supply deficiencies to the Director of Nursing. 3.1-19(f)

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	12/09/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, record review, and interview, the facility failed to ensure each resident's dignity was maintained related to not offering a resident a snack while others were eating around him and a resident's abdomen being exposed during an activity for 2 of 5 residents reviewed for dignity. (Residents 8 and 93)Findings include:1. During a random observation on 12/3/25 at 9:18 a.m., Resident 8 was observed seated in a broda chair (a specialty chair used for positioning) in the 300 hall activity room. The resident's chair was positioned at a table with six other residents. The resident's eyes were open and music was playing. At 9:36 a.m., the other residents were drinking coffee in front of him and an activity aide was serving the other residents donuts. The activity aide stopped by the resident and stated, he can't have one, he's a pureed diet. The activity aide did not attempt to find the resident anything else to eat. After the donuts were consumed, the activity aides gave the residents a cup of soda. Again, the resident was not offered anything. The record for Resident 8 was reviewed on 12/4/25 at 3:41 p.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), Parkinson's disease, and dementia without behavioral disturbance. A Significant Change Minimum Data Set (MDS) assessment, dated 9/16/25, indicated the resident was cognitively impaired for daily decision making and he required partial to moderate assistance with eating. A Care Plan, last reviewed on 9/17/25, indicated the resident's activity preferences were pet interaction, family/friend visits, listening to music, sensory, snacks, poker, movies, Happy Hour, live entertainment, exercise, and going outside when the weather was nice. During an interview on 12/4/25 at 3:21 p.m., the Director of Nursing indicated the resident should have been offered pudding or something else. 2. During a random observation on 12/3/25 at 9:54 a.m., Resident 93 was seated in his broda chair (a specialty chair used for positioning) in the 300 hall activity room. The resident's chair was positioned at the table with six other residents. The resident's shirt was lifted up and his abdomen was exposed. At 10:44 a.m., the resident remained in the activity room and his shirt continued to be lifted up. No staff in the area attempted to pull down the resident's shirt. The record for Resident 93 was reviewed on 12/9/25 at 8:45 a.m. Diagnoses included, but were not limited to, dementia with behavior disturbance, psychosis, and anxiety disorder. The Quarterly Minimum Data Set (MDS) assessment, dated 12/1/25, indicated the resident was cognitively impaired for daily decision making and required partial to moderate assistance with upper body dressing. A Care Plan, reviewed on 12/1/25, indicated the resident had an ADL (activities of daily living) self-care mobility performance deficit that may fluctuate with activity throughout the day related to impaired balance and limited mobility. Interventions included, but were not limited to, partial to moderate assistance with upper body dressing. During an interview on 12/4/25 at 3:21 p.m., the Director of Nursing indicated the resident's shirt should have been pulled down. 3.1-3(t)

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	12/09/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to report allegations of resident-to-resident abuse to the State Agency for 1 of 1 resident reviewed for abuse. (Resident 117)Finding includes:The record for Resident 117 was reviewed on 12/02/25 at 3:29 p.m Diagnoses included, but were not limited to, depression, dementia, and unspecified psychosis.The Quarterly Minimum Data Set (MDS) assessment, dated 9/15/25, indicated the resident had severe cognitive impairment, required moderate assist with activities of daily living (ADLs) and supervision or touching assistance with transfers.A Nurse's Note, dated 11/29/25, indicated, . CNA observed this resident loose [sic] balance and fall to floor. CNA advised that just prior to falling this resident [Resident 117] had been pushed by another resident . Resident c/o [complained of] discomfort to the left radial hand, prn [as needed] pain med given . No edema [swelling], redness, or bruising noted to left hand, fingers, arm, shoulder . The note indicated the resident's Nurse Practitioner, responsible party, on call nurse, and Director of Nursing (DON) were informed. An x-ray was taken of the resident's left hand, wrist, and shoulder. In a fall occurrence note, dated 11/29/25, LPN 1 indicated, . when asked what happened resident stated 'I don't know he pushed me' .A list of reportable incidents received from the Administrator on 12/4/25 indicated no incidents had been reported to the State Agency since 8/29/25. During an interview on 12/4/25 at 2:40 p.m., the Administrator indicated the DON informed him of the incident, but he believed they did not need to report it to the State Agency because there was no injury and they could not prove there was intent. The Administrator indicated he had not read the nurse's notes regarding the incident.During an interview on 12/4/25 at 3:39 p.m., CNA 1 indicated she saw Resident 117 on the floor and the other resident with their hands up in a position like they had just recoiled from pushing Resident 117. She reported the incident immediately to LPN 1.During an interview on 12/4/25 at 3:48 p.m., LPN 1 indicated both CNA 1 and Resident 117 indicated the unnamed resident pushed Resident 117 and he fell to the floor. She indicated she gave the resident ibuprofen because he said his hand hurt after the fall. During an interview on 12/8/25 at 9:00 a.m., the DON indicated after LPN 1 informed her of the incident, she discussed it with the Administrator and they did not believe it needed to be reported because there was no injury and they could not prove the resident's intent. A policy titled, Abuse Prevention and Reporting - Indiana, received from the [NAME] President of Clinical Services as current on 12/9/25 at 10:35 a.m. indicated, . Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, or punishment with resulting physical harm, pain, or mental anguish to a resident . The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours .3.1-28(c)

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	12/09/2025

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on record review and interview, the facility failed to ensure a resident with hearing loss, was seen by an Audiologist for 1 of 1 resident reviewed for vision and hearing. (Resident 9)Finding includes:During an interview on 12/1/25 at 10:38 a.m., Resident 9 indicated she had asked to see an Audiologist a long time ago because she was having trouble hearing. The record for Resident 9 was reviewed on 12/4/25 at 1:10 p.m. Diagnoses included, but were not limited to, dementia, psychotic disorder with delusions, anxiety disorder, heart disease, major depressive disorder, and heart failure. The 11/27/25 Quarterly Minimum Data Set (MDS) assessment, indicated the resident was moderately impaired for daily decision making and had minimal difficulty hearing with no hearing aides. She needed partial to moderate assistance with sitting to stand and transfers from the bed to the chair and vice versa. She had a history of one fall with no major injury since the last assessment and has no oral problems. There was no care plan for any hearing difficulties the resident may have had. The resident signed a consent to be seen by the Audiologist on 1/20/23, however as of 12/4/25, the resident had not seen one. During an interview on 12/8/25 at 1:45 p.m., the Social Service Director indicated the resident has never seen an Audiologist and they have been in the building several times since she signed the consent in 2023. 3.1-39(a)(1)

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	12/09/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure fall precautions were in place for a resident with a history of falls for 1 of 4 residents reviewed for accidents. (Resident 9)Finding includes:During an interview on 12/1/2025 at 10:45 a.m., Resident 9 indicated she had a recent fall where she was trying to transfer herself out of bed into her wheelchair. She landed on the floor and bruised her face and chest area. During an observation at that time, the resident pulled down her shirt and her upper chest was still red in color from the fall. The non-skid strips that were located by the bed were observed to be missing in several spots. On 12/8/25 at 11:10 a.m., ADON 3 was in the resident's room. At that time, she was asked about the non-skid strips next to the bed. She indicated they were missing in areas and needed to be replaced. The record for Resident 9 was reviewed on 12/4/25 at 1:10 p.m. Diagnoses included, but were not limited to, dementia, psychotic disorder with delusions, anxiety disorder, heart disease, major depressive disorder, and heart failure. The 11/27/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making and had minimal difficulty hearing with no hearing aides. She needed partial to moderate assistance with sitting to stand and transfers from the bed to the chair and vice versa. She had a history of one fall with no major injury since the last assessment and has no oral problems. A Care Plan, revised on 11/17/25, indicated the resident had the potential for falls. The approaches were to place anti-skid strips next to the bed. An Initial Fall Occurrence Report, dated 11/14/25 at 6:27 a.m., indicated the resident had an unwitnessed fall in her room self transferring. The resident stated that she was sleep walking when asked how she ended up on the floor. The resident was observed with with swelling and bruising to her face. A Nurse's Note, dated 11/14/25 at 11:15 p.m., indicated the resident sustained bruising to the face, neck, and upper chest from the fall. An IDT fall note, dated 11/15/25, indicated the root cause was the resident indicated she just rolled out of bed. The resident frequently sits on the side of the bed and leans over. The resident utilized crocs as shoes and they were new, but worn as clogs. The resident leaned to far to the side when sleeping, and it caused her shoes to slip leading to her falling off the bed. During an interview on 12/8/25 at 1:07 p.m., the Director of Nursing indicated she had thought they told maintenance to put down new non-skid strips next to her bed, as she indicated they needed to be replaced. 3.1-45(a)

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	12/09/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure signs and symptoms of a urinary tract infection (UTI) were treated in a timely manner for 1 of 1 resident reviewed for urinary tract infections. (Resident 8)Finding includes: The record for Resident 8 was reviewed on 12/4/25 at 3:41 p.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), Parkinson's disease, and dementia without behavioral disturbance. The Significant Change Minimum Data Set (MDS) assessment, dated 9/16/25, indicated the resident was cognitively impaired for daily decision making. The resident required partial to moderate assistance with eating and was incontinent of urine. A late entry documented in the nursing progress notes, dated 11/25/25 at 8:12 p.m., indicated the resident was observed with blood-tinged urine in his brief. The hospice agency was contacted and they indicated they would speak with the nurse practitioner and the resident's sister to inquire about obtaining a urine specimen. A Hospice Progress Note, dated 11/26/25 at 1:10 p.m., indicated the unit was visited for a urine dipstick test (a urine screen for UTI). The nurse reported she was unable to collect a sample and the resident had no further blood in the urine. The nurse practitioner and the resident's sister were contacted. The resident's sister declined the straight catheter collection and was agreeable to observe for any further changes on the next scheduled visit. The resident's sister had concerns that he was not drinking water due to not being able to hold it. A late entry documented in the nursing progress notes, dated 11/26/25 at 1:30 p.m., indicated the hospice nurse was at the facility to follow up related to blood in the urine. The resident had no more episodes of hematuria (blood in urine) that shift. The hospice nurse spoke with the resident's sister and all parties agreed to further discuss the concern and possibly obtaining a urine specimen on 11/28/25. A Nurse's Note, dated 11/27/25 at 5:32 a.m., indicated the resident had decreased urine output with pus and blood present. Hospice was notified and they indicated they would contact the resident's sister to see if they could proceed with a straight catheterization. The next entry in the nurse's notes was a weekly skin assessment dated [DATE]. A Hospice Progress Note, dated 11/28/25, indicated the nurse was able to obtain a small amount of urine for a urine dipstick. The resident had thick red odorous urine with pus. The urine dipstick was unable to be read. The nurse practitioner was notified and orders were received and faxed to the pharmacy. A Physician's Order, dated 12/5/25, indicated the resident was to receive Nitrofurantoin oral suspension (an antibiotic) 25 milligrams (mg) per milliliter (ml), give 20 ml twice a day for five days for UTI.During an interview on 12/8/25 at 4:30 p.m., the Corporate Infection Preventionist indicated the antibiotic should have been started on 11/28/25.

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	12/09/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interview, the facility failed to ensure residents received proper treatment and care related to following physician's orders for oxygen administration, and the lack of pre and post nebulizer assessments for 2 of 3 residents reviewed for respiratory care. (Residents 127 and 14) Findings include:1. On 12/1/25 at 11:00 a.m., Resident 127 was observed lying in bed. The resident had oxygen in place via nasal cannula. The oxygen concentrator flow rate was set between 2 and 2.5 liters. The resident indicated he was supposed to be on 3 liters. On 12/1/25 at 2:57 p.m. and again on 12/2/25 at 10:49 a.m., Resident 127 was observed sitting in the hallway in a wheelchair outside of his room. The resident was not wearing any oxygen. There was not a portable oxygen tank attached to the wheelchair. On 12/2/25 at 3:46 p.m., Resident 127 was observed lying in bed. The resident had oxygen in place via nasal cannula. The oxygen concentrator flow rate was set between 2 and 2.5 liters. Record review for Resident 127 was completed on 12/2/25 at 3:30 p.m. Diagnoses included, but were not limited to, chronic respiratory failure with hypoxia, and chronic obstructive pulmonary disease. An admission Observation Assessment, dated 11/26/25, indicated the resident was cognitively intact. The resident required extensive assistance for bed mobility and total assistance for transfers. The resident received oxygen at 3 liters per nasal cannula. A Care Plan, dated 11/28/25, indicated the resident received oxygen therapy. An intervention included administering oxygen as ordered. The December 2025 Physician's Order Summary (POS) indicated an order for oxygen at three liters via nasal cannula every shift. During an interview on 12/2/25 at 4:02 p.m., the Assistant Director of Nursing (ADON) 3 indicated the resident was supposed to be on 3 liters of oxygen. Nursing should have made sure the resident was administered oxygen at all times per the physician's order. 2. During a random observation on 12/3/25 at 9:00 a.m., Resident 14 was sitting in his wheelchair near the nurse's station. At that time, he indicated he had not gotten his nebulizer treatment yet that morning. On 12/3/25 at 9:29 a.m., QMA 1 brought the resident to his room, initiated the nebulizer treatment, and left the room. When the treatment was completed, the resident turned off the nebulizer machine. LPN 2 arrived, removed the mask and put it in a bag. No assessments were observed before or after the nebulizer was administered. The resident's record was reviewed on 12/03/25 at 9:34 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD) and fluid overload. The Medicare-5 Day Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making, and required moderate assist with activities of daily living (ADLs) and transfers. (continued on next page)

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	12/09/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physician's Order, dated 11/24/25, indicated ipratropium - albuterol solution, inhale orally every 4 hours. A Physician's Order, dated 9/30/25, indicated pre-nebulizer and post-nebulizer assessments: obtain pulse, respirations, and O2 saturations prior to and after each treatment. The record lacked documentation of pre and post-nebulizer assessments. During an interview on 12/8/25 at 3:00 p.m., the Director of Nursing (DON) indicated assessments should be done before and after each nebulizer treatment. A policy titled, Oral Inhalation Administration, received as current from the VP of Clinical Services on 12/9/25 at 10:35 a.m., indicated the following instructions when administering a nebulizer, . Obtain a baseline pulse, respiratory rate, and lung sounds . When treatment is complete . obtain post-treatment pulse, respiratory rate, and lung sounds and document findings on the MAR [medication administration record] or in the resident's medical record . 3.1-47(a)(6)

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	12/09/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, record review, and interview, the facility failed to ensure a resident received routine dental services and a denture follow up appointment had been completed for 2 of 2 residents reviewed for dental services. (Residents 5 and 9)Findings include:1.On 12/1/25 at 11:15 a.m., Resident 5 was observed with multiple areas of missing teeth. The resident indicated it had been a long time since he had seen the dentist. The record for Resident 5 was reviewed on 12/4/25 at 9:01 a.m. Diagnoses included, but were not limited to, altered mental status and mild intellectual disabilities. The Annual Minimum Data Set (MDS) assessment, dated 9/29/25, indicated the resident was moderately impaired for daily decision making. A Physician's Order, dated 6/27/25 and listed as current on the December 2025 Physician's Order Summary (POS), indicated the resident could receive dental care as needed. There was no documentation of any dental visits for the resident since the order was obtained on 6/27/25. Documentation provided by the Social Service Director indicated the dentist had visited the facility on 6/27, 7/30, 8/27, 9/24, 10/29, and 11/21/25. The dental hygienist visited the facility on 6/12, 7/23, 8/29, 9/26, 10/15, and 11/21/25. During an interview on 12/8/25 at 10:00 a.m., the Social Service Director indicated the resident refused his last dental visit but neither she nor the contracted dental group had a date for that visit. The Social Service Director indicated she put the resident on the list to be seen on 12/10/25. 2. During an interview on 12/1/25 at 10:34 a.m., Resident 9 indicated she had her teeth removed six months ago and she still had no dentures. The record for Resident 9 was reviewed on 12/4/25 at 1:10 p.m. Diagnoses included, but were not limited to, dementia, psychotic disorder with delusions, anxiety disorder, heart disease, major depressive disorder, and heart failure. The 11/27/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was moderately impaired for daily decision making and had minimal difficulty hearing with no hearing aides. She needed partial to moderate assistance with sitting to stand and transfers from the bed to the chair and vice versa. She had a history of one fall with no major injury since the last assessment and has no oral problems. A Care Plan, revised on 9/4/25, indicated the resident had dental problems. The following was a timeline of events leading up to the resident's extractions: - 11/14/24 a dental note which indicated the resident would like to have her teeth removed a couple at a time. The recommendations were to have an x-ray after all root tips were removed and full upper and lower dentures. (continued on next page)

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	12/09/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 4/15/25 a dental note indicated suggested to resident removing a tooth or two at at time, however the resident wanted to hold off for now. - 4/21/25 the resident signed a consent for dental extraction. - 4/22/25 10 teeth were extracted. - 5/23/25 more teeth were extracted. - 6/27/25 a dental note indicated she still had two more root tips to be removed. The resident indicated she would discuss with social services and go outside of the facility to see and oral surgeon. - 11/21/25 a dental note indicated the resident still had two root tips to be removed. The resident wanted to discuss dentures, however her posterior maxillary arch has a moderate level of bone loss, anteriorly approximately six centimeters of bone remained before the base of her nose was breached. The bone level was not sufficient for dentures. The resident would need implants if she still wanted dentures due to the lack of bone. A Social Service Progress Note, dated 9/25/25 at 11:44 a.m., indicated they left a message asking for follow up on dental services for resident and were awaiting a response. A Social Service Progress Note, dated 12/8/25 at 10:34 a.m., indicated the resident had an appointment with an outside dentist to inquire about dental implants. The dentist had been in the facility on 6/27, 7/30, 8/27, 9/24, and 10/29/25 and did not see the resident. During an interview on 12/8/25 at 2:00 p.m., the Social Service Director indicated the resident had most of her teeth extracted in April and May 2025 with a couple of root tips that remained. She was unaware the resident had told the dentist on 6/27/25 that she was going to consult her for help on getting her to an oral surgeon, as the dentist did not leave any of that information after the visit. She followed up with the dentist on 9/25/25 and also reached out to them on 11/25/25 to see what kind of insurance would cover the implants. She had someone else working on the ancillary services during this time, however, that person no longer worked at the facility. 3.1-24(a)(1) 3.1-24(a)(3)