

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Hanover		STREET ADDRESS, CITY, STATE, ZIP CODE  410 W Lagrange Rd Hanover, IN 47243	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>33613</p> <p>Based on interview and record review, the facility failed to thoroughly investigate 1 of 1 abuse allegations reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 08/19/24 at 12:35 P.M. An Admission MDS (Minimum Data Set) assessment, dated 06/21/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, depression, and bipolar disorder.</p> <p>During an interview on 08/19/24 at 3:43 P.M., Resident B indicated a couple of weeks ago, he had been upset with the kitchen and CNA (Certified Nurse Aide) 3 had cursed at him during dinner time.</p> <p>During an interview on 08/20/24 at 11:17 A.M., LPN (Licensed Practical Nurse) 2 indicated on the evening of 07/31/24, she was in the hall outside of Resident B's room when CNA 3 exited the room. The resident's door was open, and CNA 3 said F--- You to the resident as she was leaving his room. She told CNA 3 to clock out and go home because she couldn't talk to a resident like that. LPN 2 phoned the Administrator and advised her of the situation. CNA 3 was back to work the next evening caring for the same residents.</p> <p>During an interview on 08/20/24 at 11:33 A.M., CNA 4 indicated she was working on the same hall as CNA 3 on 07/31/24 and heard her curse at Resident B. She and CNA 3 were both working together the next evening.</p> <p>During an interview on 08/20/24 at 12:20 P.M., the Administrator indicated she was still in the facility when she was advised of the situation between Resident B and CNA 3 on 07/31/24. She had interviewed Resident B and he denied CNA 3 yelling or cursing at him. The Administrator indicated she educated CNA 3 on customer service and did not do any further investigation.</p> <p>On 8/20/24, the resident's clinical recorded lacked documentation related to the allegation of CNA 3 cursing at Resident B. At 12:22 P.M., the Administrator documented her interview with Resident B, related to the allegation of CNA 3 cursing at Resident B on a notepad, tore out the page, signed the bottom of the page, and provided the information.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The as worked daily schedule for 07/31/24 and 08/01/24 indicated LPN 2, CNA 3, and CNA 4 worked on Wing 3.</p> <p>The timecards for CNA 3 were provided by the Human Resource Manager on 08/20/24 at 11:10 A.M., and indicated the following:</p> <ul style="list-style-type: none"> <li>- On 07/31/24, CNA 3 clocked in at 5:37 P.M. and clocked out at 6:37 P.M.,</li> <li>- On 08/01/24, CNA 3 clocked in at 3:56 P.M. and clocked out at 3:57 A.M.</li> </ul> <p>During an interview on 08/20/24 at 12:10 P.M., the MDS Coordinator indicated during an abuse allegation investigation, all residents on the affected hall are interviewed or assessed and the employee in question was usually suspended for three days.</p> <p>The current facility policy, titled Abuse Prevention and Reporting - Indiana, with a revision date of 10/28/22, was provided by the Administrator on 08/20/24 at 2:15 P.M. The policy indicated, .This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents .This will be done by: .Implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property, and mistreatment, and making the necessary changes to prevent further occurrences .</p> <p>This citation relates to Complaint IN00440161.</p> <p>3.1-28(d)</p>		