

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 01/13/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>50498</p> <p>Based on interview and record review, the facility failed to ensure care planned interventions were updated related to a resident's behaviors for 1 of 3 residents reviewed for care plan revision. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 01/13/25 at 10:56 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 12/21/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anxiety, depression, and Huntington's disease.</p> <p>A Behavior Note, dated 12/01/24 at 8:45 A.M., indicated Resident C was involved in a physical altercation with another resident. Resident C hit another resident in the dining room.</p> <p>A Behavior Note, dated 12/11/24 at 9:17 A.M., indicated Resident C walked to the dining room for breakfast and began calling staff curse words. Once the resident saw what he was served for breakfast he became irate and banged his fist on the table threatening to hurt Registered Nurse (RN) 2. The staff attempted to offer alternatives, but Resident C continued to yell profanities at staff and entered into the nurse's station area. The Director of Nursing (DON) intervened, and the resident was reseated for breakfast, but then took the meal tray and threw it off the table.</p> <p>A Social Service Supportive Documentation Note, dated 12/19/24 at 3:15 P.M., indicated Resident C had a change in behavior that was worse than prior assessments, and he had been more verbally aggressive as well as had an increase in physical aggression.</p> <p>A Behavior Note, dated 12/20/24 at 10:25 A.M., indicated Resident C cursed at RN 2 and had thrown a full cup of coffee at her.</p> <p>A Behavior Note, dated 01/07/25 at 9:52 A.M., indicated Resident C had thrown his cigarette at Licensed Practical Nurse (LPN) 3.</p> <p>A Behavior Note, dated 01/07/25 at 6:07 P.M., indicated Resident C had thrown a can of soda at a Certified Nursing Aide.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's complete care plan was provided by the Administrator on 01/13/25 at 1:30 P.M. A care plan titled, I am/have the potential to be physically aggressive r/t poor impulse control, indicated an intervention was initiated and last updated on 11/01/24.</p> <p>A care plan titled, I am/had potential to be verbally and physically aggressive r/t poor impulse control with juvenile Huntington's disease, indicated it was initiated on 11/01/24 and was last revised on 11/18/24.</p> <p>During an interview, on 01/13/25 at 2:13 P.M., the Social Service Director indicated that Resident C did have two care plans for the potential to be verbally or physically aggressive, but they had not been updated since November of 2024.</p> <p>During an interview, on 01/13/25 at 3:08 P.M., the MDS coordinator indicated that she had made a mistake and updated the wrong care plan after the resident to resident altercation on 12/01/24.</p> <p>The current facility policy, titled Comprehensive Care Plan, with a revision date of 11/17/17, was provided by the MDS coordinator on 01/13/25 at 3:25 P.M. The policy indicated, .develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>This citation relates to Complaint IN00448227.</p> <p>3.1-35(d)</p>		