

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 06/27/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 4 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>During an interview, on 06/27/25 at 11:59 P.M., Resident D indicated that Certified Nursing Assistant (CNA) 2 yelled, Shut up at Resident B multiple times while trying to give the resident a shower a few weeks ago. Resident D explained that her room was next to the shower room, so she could hear her yelling so loud that it was echoing down the hallway.</p> <p>The clinical record for Resident D was reviewed on 06/27/25 11:51 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 05/26/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, depression and anxiety.</p> <p>During an interview and observation, on 06/27/25 at 08:27 A.M., Resident B indicated that staff were always nice to her, and nobody had ever verbally abused her at the facility. She had no concerns with care. The resident appeared well groomed and happy.</p> <p>The clinical record for Resident B was reviewed on 06/27/25 10:07 A.M. A Quarterly MDS assessment, dated 06/04/25, indicated the resident was mildly cognitively impaired. The resident's diagnosis included, but was not limited to, non-Alzheimer's dementia. She was dependent on one physical staff member for her activities of daily living related to showers.</p> <p>During an interview, on 06/27/25 at 12:22 P.M., Licensed Practical Nurse (LPN) 3 indicated that CNA 2 was getting loud with Resident B and kept telling the resident to be quiet. LPN 3 told her she needed to calm down or that she would have to leave and CNA 2 calmed down.</p> <p>During an interview, on 06/27/25 at 11:28 A.M., the DON indicated that she had received a report the morning following the incident that CNA 2 yelled at Resident B telling her that she did not need to go to the bathroom. The yelling continued down the hallway to the shower room. Upon investigation CNA 2 was terminated.</p> <p>A facility document titled Notification of Employee Termination, was provided by the Director of Nursing on 06/27/25 at 12:47 P.M. It indicated CNA 2 was terminated.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current facility policy titled Dignity, with a revision date of 04/23/18, was provided by the Director of Nursing on 06/27/25 at 12:40 P.M.,. The policy indicated, .The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect .Staff shall carry out activities in a manner which assists the resident to maintain and enhance his/her self-esteem and self-worth .</p> <p>The deficient practice was corrected, on 06/25/25, after the facility assessed residents for abuse and dignity concerns, re-educated staff on resident rights abuse and dignity, and had a system in place to monitor for resident rights.</p> <p>3.1-3(t)</p>		