

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  03/12/2026
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>Based on interview, observation, and record review, the facility failed to provide person centered activities that meet the resident's interests and supported the physical, mental, and psychosocial well-being of a resident for 1 of 3 residents reviewed for activities. (Resident B). Findings included: The clinical record for Resident B was reviewed on 03/12/2026 at 11:11 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/19/2026, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, attention-deficit hyperactivity disorder (persistent, hyperactivity and impulsivity that interfere with daily functioning), depression, and Huntington's disease (progressive brain disorder). The resident's mood assessment indicated he had little interest or pleasure in doing things nearly every day. A current Care Plan, with the start date of 01/02/2025, indicated Resident B had the potential for altered activity pattern related to resident preferences. The resident will be able to attend group activities of his interest and express enjoyment/dissatisfaction in his participation in the group. The staff were to encourage his participation in group activities and respect his right to decline all initiations. The goal, with a revision date of 03/31/2025 and target date of 02/17/2026, indicated Resident B would be open to invitations to group activities of his interests such as sport related groups, science lab, and various table activities. The interventions included, but were not limited to: dated 01/02/2025, explain the importance of social interactions, leisure activity time, invite the resident to activities that promote additional intake of food and fluids, and ensure that all snacks and beverages offered comply with any diet and fluid restrictions. During an interview, on 03/12/2026 at 9:45 A.M., Certified Nurse Aide (CNA) 3 indicated Resident B had become obsessed with attention, and he would get more worked up with behaviors than he used to. With his age and diagnosis, he would get bored very easily. He wanted to call family members repeatedly and would get upset when there was no answer. He started to cry a lot recently. He used to participate in activities, but now only participated in church and singing activities. There were no personal centered activities for him that kept him engaged. During an interview, on 03/12/2026 at 1:30 P.M., Activities Staff 4 indicated they have not figured out how to get Resident B more involved with activities. He used to participate a lot in activities. The first activity scheduled was at 9:30 A.M. and that's when the resident's smoke break was, so the resident would not participate in the activity. There have been constant behaviors with him at activities and at smoke breaks. He would get mad easily. If he didn't like the activity he would say he was bored and walked away. Since November 2025 the resident had steadily declined in being involved in activities. During an observation, on 03/12/2026 at 9:48 A.M., there were two residents in the front of the Wing 2 dining room participating in the scheduled 9:30 A.M. activity titled Whole Brain. An activities staff member was reading a document for the residents. Resident B was observed sitting on the opposite side of the dining room at a table eating and not involved in the activity. During an observation, on 03/12/2026 at 1:25 P.M., six residents were in the sunroom with an activities staff member putting lotion on one resident's hands. Resident B was not observed in the area. The Activity Calendar had the following activities planned for 03/12/2026: at 9:30 A.M., Whole Brain Exercise; at 10:00 A.M., Chronicles, at 10:30 A.M., Hydration/Chats, at 1:00 P.M., Spa, at 2:00 P.M., Men's only Group, at 3:00 P.M., Pizza Toss; and at 5:00 P.M., Movie on Channel 2. A Nurses Note, dated 03/08/2026 at 11:10 (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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A.M., indicated Resident B walked around the nurse's station with unsteady gait and refused to sit in his wheelchair he was unable to be redirected. He yelled and attempted to hit staff. Then demanded staff call his family for him. The current facility policy, titled Activities Program with a revision date of 11/07/2019, was provided by the Administrator on 03/12/2026 at 3:41 P.M. The policy indicated, Identify and involve each resident in an ongoing program of activities that is designed to appeal to his or her interests and needs .Provide for residents needing specialized or extended programs to enhance their overall daily routine and activity pursuit needs . This citation relates to Intake 2747968. 410 IAC (Indiana Administrative Code) 16.2-3.1-33 (a)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>Based on interview and record review, the facility failed to ensure a resident's whole emotional and mental well-being was closely monitored during a followed accelerated behavior to support and prevent further behaviors for 1 of 3 residents reviewed for behavior health services. (Resident D) Findings include: The clinical record for Resident D was reviewed on 03/12/2026 at 02:40 P.M. An Annual Minimum Data Set (MDS) assessment, dated 02/23/2026, indicated the resident was unable to complete the cognition interview. The resident's diagnoses included, but were not limited to, anxiety, depression, and Huntington's disease (progressive brain disorder). He experienced disorganized thinking (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject) behavior continually. A current Care Plan, with the start date 02/04/2026, indicated Resident D had the potential to be physically aggressive hitting, kicking, punching, choking staff and other residents related to impulse control disorder. The interventions included, but were not limited to, dated 02/04/2026, Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document. A Nurses Note, dated 03/07/2026 at 7:02 A.M., indicated it was reported that Resident D had been pacing up and down the hallway of the unit, and opening and shutting the door to his room. He had his TV at maximum volume, and it was disrupting other residents. Resident D was upset that his door was closed, and increased behaviors were noted after that. At approximately 6:15 A.M. the on-duty nurse asked Resident D if his door could be closed and the resident stated no. Communication was sent to the Assistant Director of Nursing notifying them of the behavior observed by the resident, and management voiced understanding. Resident D then exited his room and walked towards the nurses' station with his hands behind his back. Another resident was noted to be sitting in his wheelchair next to the nurses' station. Resident D then punched the resident in the wheelchair next to the nurses' station with a closed fist in the face. Resident D knocked the male resident out of his wheelchair backwards and began kicking the other male resident. The staff separated the residents. Resident D cursed and threatened staff members while lunging at them. The resident attempted to hit the on-duty nurse. An Aggressive Behavior Assessment, dated 03/07/2025, indicated Resident D had a history or recent episode of aggressive/agitated behavior and/or non-compliance with medications, treatment, regimen, resisting care a substantial amount. During an interview, on 03/12/2026 at 9:06 A.M., Licensed Practical Nurse (LPN) 2 indicated she was working on 03/07/2026 and witnessed the resident-to-resident altercation with Resident D. In report that morning she was told Resident D had been pacing that night and he had refused to turn down his TV volume since midnight. They had asked to close his door and he had gotten upset. He then exited his room at around 6:20 A.M. and walked towards the nurses' station. He would usually ask for his medication or a drink of ice water, so I turned around towards the nurse's cart to get ready for his request. Once he got to the nurse's station he turned and punched a male resident sitting in his wheelchair next to the nurses' station in the head. During an interview, on 03/12/2026 at 3:41 P.M., the Director of Nursing (DON) indicated Resident D had strong behaviors. He would get agitated and would walk up and down the hallway. He didn't show many signs before he had a negative behavior. A current facility policy titled Behavioral Health Services with a revision date 10/24/2022, was provided by the Administrator on 03/12/2026 at 3:41 P.M. The Policy indicated, .To establish a system for identifying behaviors and implementing appropriate interventions consistent with the individualized plan of care and to ensure that each resident receives appropriate treatment and services to attain the highest practicable mental and psychosocial well-being .If uncontrolled anger, aggression or anxiety cannot be redirected, i.e. the resident is in danger of harming self or others . 410 IAC (Indiana Administrative Code) 16.2-3.1-45(a)(2)</p>		