

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 03/27/2025
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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>38769</p> <p>Based on observation and interview, the facility failed to have the State survey results available to view for 2 of 6 days during the survey.</p> <p>Findings include:</p> <p>During an observation, on 03/25/25 at 3:24 P.M., a laminated piece of paper on a corkboard outside the Administrator's office indicated the survey results were in a white binder in the living room. The living room and front entrance were observed, and no white binder or survey results were visible.</p> <p>During an observation, on 03/26/25 at 11:21 A.M., the living room and front entrance lacked visible survey results.</p> <p>During an observation, on 03/26/25 at 1:49 P.M., the living room and front entrance lacked visible survey results.</p> <p>During an interview, on 03/26/25 at 1:52 P.M., the Minimum Data Set (MDS) Coordinator indicated the State survey results were sitting in a pile in the Administrator's office and were not accessible for visitors to view without having to ask for them. They should be available for them to view without asking the staff.</p> <p>During an interview, on 03/27/25 at 10:02 A.M., the Administrator indicated the facility did not have a policy for State survey results being accessible to view, they would just follow the regulation.</p> <p>3.1-3(b)(1)</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34232</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean and safe environment related to a dirty shower room and safe walkways for 2 of 4 facility areas reviewed. (Wing 2 and the outside courtyard)</p> <p>Findings include:</p> <p>1. During an observation of Wing 2, on 03/21/25 through 03/25/25, the following concerns were observed on the following dates and times:</p> <ul style="list-style-type: none"> - On 03/21/25 at 10:25 A.M., the Shower Room had sticky floors; a strong urine odor; the toilet base had a one inch by eight-inch band of black debris around toilet base; and a one-foot-long, a two-foot-long, and a three-foot-long stripe of black/brown residue around the tile areas in the shower stall. - On 03/21/25 at 10:33 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had a baseball size shallow pit in the bathroom floor where tiles were missing. A resident in room [ROOM NUMBER] was observed to be independent with toileting and unsteady on his feet. - On 03/24/25 at 10:26 A.M., the Shower Room had sticky floors; the toilet base had one inch by eight-inch band of black debris around toilet base; and a one-foot-long, a two-foot-long, and a three-foot-long stripe of black/brown residue around the tile areas in the shower stall. - On 03/24/25 at 3:17 P.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had a strong urine odor. - On 03/25/25 at 10:23 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had a baseball size shallow pit in the bathroom floor where tiles were missing. - On 03/25/25 at 10:25 A.M., Resident room [ROOM NUMBER]'s bathroom door had brown stains and chunks of brown debris on the doorknob to the bathroom. <p>During an interview, on 03/27/25 at 10:25 A.M., Licensed Practical Nurse (LPN) 7 indicated there was a resident who resided in room [ROOM NUMBER] who was able to use the bathroom without staffs' assistance.</p> <p>During an anonymous interview, from 03/20/25 through 03/27/25, a staff member indicated a group of volunteers had complained, while on Wing 2, the floors were filthy with food particles; spilled fluid; and a swarm of gnats. A volunteer even started cleaning the floor because the spills were so bad. The nursing staff would not clean anything up, they left it for Housekeeping. Wing 2 was always a mess.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 03/27/25 at 10:12 A.M., the Housekeeping Supervisor indicated they had cleaning check-off lists for each unit. Staff were to check off items after they were completed. They also had a separate check off list for deep cleaning. On a deep clean they pulled everything out of the residents' room, cleaned the walls, the privacy curtain, the bedding, pulled out the beds, cleaned the bed frame, window blinds, the trim, and the bathrooms. Rooms were deep cleaned every couple of weeks and as needed. Some were done more often. She kept the deep clean check off lists. She kept the daily check-off lists for about two weeks. Blank checklists were provided by the Housekeeping Supervisor. She indicated she did not have any completed checklists for any of the units since she had just thrown them away. None of the checklists included cleaning the walls of the shower rooms.</p> <p>During an interview, on 03/27/25 at 2:48 P.M., when asked for the building inspections for the interior and exterior of the building, the Maintenance Director indicated he walked through the building everyday but did not document his observations.</p> <p>2. During an observation, on 03/27/25 at 11:11 A.M., Resident B was outside in the courtyard in his wheelchair with a group of residents that were awaiting to smoke. While propelling himself, he fell forward, with the wheelchair still attached to his back because he used a seat belt for positioning and landed face down with his forehead touching the sidewalk. Another resident turned the resident to his side as no staff were within five feet of this resident.</p> <p>During an interview, on 03/27/25 at 1:26 P.M., CNA 8 indicated they had put in a work order for the concrete chipping. No one was with the resident when he fell . They had put the work order in about two weeks ago because they noticed it was getting worse, and all the rain had not helped. The resident had a scrape on his forehead and a little bump on the back of his head from today's fall.</p> <p>The Progress Notes for Resident B were provided by the DON on 03/27/25 at 3:14 P.M. A note, dated 03/27/25 at 11:00 A.M., indicated the resident had an unwitnessed fall in the courtyard smoking area. The resident's wheelchair tipped over as he was propelling it on the concrete. The resident's statement indicated, I was coming to smoke and the chair tipped over because of the concrete. The resident received a scrape to the forehead and a small bump on the top of his head.</p> <p>The MAINTENANCE REQUEST forms were provided by the Administrator on 03/27/25 at 1:50 P.M. A request, from CNA 9, dated 03/12/25, indicating the sidewalk had a big chunk out of it, and could you please look at it and see if something could be done.</p> <p>The current undated Housekeeping Service Policy was provided by the Corporate Clinical Nurse Consultant on 03/27/25 at 1:45 P.M. The policy indicated, .Purpose .To ensure that the facility, equipment, furnishings [sic] and resident rooms are maintained in a sanitary manner; to provide a comfortable environment, and to prevent the development and transmission of infection .maintain a clean, odor free, .orderly environment . which meet .the .residents right for a safe, clean, comfortable homelike environment .</p> <p>The current undated Preventative Maintenance and Inspections policy was provided by the DON on 03/27/25 at 2:40 P.M. The policy indicated, .Inspection checklists are developed for at least .The building .Exterior inspection will be conducted and documented weekly .Interior inspection will be conducted and documented weekly .Condition of flooring .Cement cracks .Each resident room will be inspected and documented monthly .</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The current Falls policy, with a reviewed date of 01/01/15, was provided by the DON on 03/27/25 at 2:40 P. M. The policy indicated, .Licensed nurse should conduct assessment immediately, including events leading up to the fall to determine when possible and causative factors .</p> <p>This citation relates to Complaints IN00455300 and IN00455916.</p> <p>3.1-19(a)(4)</p> <p>3.1-19(f)(5)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34232</p> <p>Based on record review and interview, the facility failed to administer prescribed medications related to insulin administration for 1 of 19 residents reviewed for Quality of Care. (Resident 12)</p> <p>Findings include:</p> <p>The clinical record for Resident 12 was reviewed on 03/27/25 at 10:45 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/07/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, diabetes, hypertension, dementia, and paranoid schizophrenia.</p> <p>The January 2025 Electronic Medication Administration Record/Electronic Treatment Administration Record (EMAR/ETAR) was provided by the Director of Nursing (DON) on 03/27/25 at 11:37 A.M.</p> <p>The physician's order, with a start date of 11/13/24 and a discontinued date of 01/14/25, indicated the resident was to receive Humalog (insulin) 12 units, to be administered after meals.</p> <p>The January 2025 Electronic Medication Administration Record/Electronic Treatment Administration Record (EMAR/ETAR) for Resident 12 indicated the resident's Humalog was scheduled for 9:00 A.M., 1:00 P.M., and 7:00 P.M.</p> <p>The record lacked documentation (was left blank) the resident received the prescribed insulin on the following dates and times: January 3, at 7:00 P.M., January 4, at 7:00 P.M., and January 5, at 7:00 P.M.</p> <p>The resident's Blood Glucose Fingertstick Monitoring record was reviewed and indication the following: on January 3, at 7:00 P.M., the resident blood sugar value was 390; on January 4, at 7:00 P.M., the resident's blood sugar value was 143; and on January 5, at 7:00 P.M., the resident's blood sugar value was 280.</p> <p>The Progress Notes for January 2025 were provided by the DON on 03/27/25 at 11:37 A.M. The record lacked documentation as to why the medication was not given.</p> <p>The current Diabetes Care Plan, with an initiated date of 08/27/24, indicated the staff were to administer the resident's diabetes medication as ordered by the doctor.</p> <p>During an interview, on 03/26/25 at 1:33 P.M., RN 6 indicated if a resident refused a medication or procedure, staff were to mark it as refused on the EMAR/ETAR and they also documented in the Progress Notes. The EMAR ETAR should not have blanks on it.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current, undated, facility policy titled, Medication Administration General Guidelines, was provided by the MDS Coordinator on 03/27/25 at 1:15 P.M. The policy indicated, .Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so .If a dose of regularly scheduled medications is withheld, refused, not available, or given at a time other than the scheduled time .An explanatory note is entered .If 3 consecutive doses of a vital medication are withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response .</p> <p>3.1-37(a)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38769</p> <p>Based on record review and interview, the facility failed to monitor meal consumption's and have supplements available for 1 of 3 residents reviewed for nutrition. (Resident 43)</p> <p>Findings include:</p> <p>1a. The clinical record for Resident 43 was reviewed on 03/25/25 at 11:46 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 01/20/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, Huntington's disease, anemia, seizure disorder, anxiety, depression, and abnormal weight loss.</p> <p>The Meal Consumption Record for the resident lacked documented meals for the following dates and times:</p> <ul style="list-style-type: none"> - On 01/02/25 at dinner, - On 01/07/25 at dinner, - On 01/11/25 at dinner, - On 01/16/25 at dinner, - On 01/23/25 at dinner, - On 01/28/25 at dinner, - On 02/01/25 at dinner, - On 02/05/25 at dinner, - On 02/09/25 at dinner, - On 02/11/25 at dinner, - On 02/13/25 at dinner, - On 02/17/25 at dinner, - On 02/20/25 at dinner, - On 02/27/25 at dinner, - On 03/03/25 at dinner, - On 03/09/25 at dinner, <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 03/11/25 at dinner,</p> <p>- On 03/18/25 at dinner, and</p> <p>- On 03/22/25 at dinner.</p> <p>During an interview, on 03/27/25 at 1:24 P.M., Certified Nurse Aide (CNA) 8 indicated the resident's meal consumptions were to be documented on the electronic computer system after each meal. If the resident refused the meal there was a place in the computer system for them to document that.</p> <p>The current facility policy titled, Caregiver Documentation with a revision date of 01/15/18, was provided by the Clinical Corporate Nurse Consultant on 03/27/25 at 2:29 P.M. The policy indicated, .To establish a system for providing and documenting appropriate care provided to the resident at the CNA/caregiver level . The CNA/Caregivers will document resident's care in electronic medical record according to their assignment and tasks completed as assigned .in accordance with the CNA's/caregiver's training and resident's plan of care .The CNA will complete all required documentation for each resident under their care assignment before clocking out at the end of the shift .</p> <p>1b. A current open-ended physician's order, with a start date of 04/28/22, indicated the resident was to receive a mighty shake (supplement) with meals.</p> <p>The March 2025 Electronic Medication Administration Record (EMAR) indicated the resident had not received the mighty shake on the following dates and times:</p> <p>- On 03/02/25 at 12:00 P.M. and 5:00 P.M.,</p> <p>- On 03/06/25 at 12:00 P.M. and 5:00 P.M.,</p> <p>- On 03/10/25 at 12:00 P.M. and 5:00 P.M., and</p> <p>- On 03/11/25 at 7:00 A.M., 12:00 P.M., and 5:00 P.M.</p> <p>The Progress Notes were reviewed and indicated the mighty shakes were unavailable for the dates and times with the resident had not received it.</p> <p>During an interview, on 03/26/25 at 1:47 P.M., Licensed Practical Nurse (Licensed Practical Nurse) 7 indicated if they were out of mighty shakes, she would give the resident an alternate supplement and document it. The facility had never been out of mighty shakes that she was aware of.</p> <p>The current, undated, facility policy titled, Medication Administration General Guidelines, was provided by the MDS Coordinator on 03/27/25 at 1:15 P.M. The policy indicated, .Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so .</p> <p>3.1-46(a)(1)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38769</p> <p>Based on record review and interview, the facility failed to ensure a medication was available for 1 of 19 residents reviewed for pharmacy services. (Resident 56)</p> <p>Findings include:</p> <p>The clinical record for Resident 56 was reviewed on 03/27/25 at 1:44 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 12/10/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, Huntington's disease, chorea (neurological disorder that causes involuntary muscle movements), hypertension, and depression.</p> <p>A physician's order, dated 09/13/24 through 09/25/24, indicated the resident was to receive Austedo (a medication for chorea) 18 milligrams (mg), twice a day.</p> <p>The September 2024 Electronic Medication Administration Record (EMAR) indicated the resident had not received the medication on the following dates and times:</p> <ul style="list-style-type: none"> - On 09/20/24 at bedtime, - On 09/21/24 at bedtime, - On 09/22/24 at bedtime, and - On 09/23/24 at bedtime. <p>A physician's order, dated 10/19/24 through 11/13/24, indicated the resident was to receive Austedo XR (extended release) 18 mg, once a day for Huntington's disease.</p> <p>The October and November 2024 EMAR indicated the resident had not received the medication from 10/20/24 through 11/2/24.</p> <p>The Progress Notes indicated the following:</p> <ul style="list-style-type: none"> - On 09/20/24 the medication was not available from the pharmacy to administer, - On 09/21/24 they were waiting on the medication to arrive from the pharmacy, - On 09/22/24 the medication was not available from the pharmacy to administer, - On 09/23/24 the medication was pending arrival from the pharmacy, - On 10/20/24 the medication was not available, - On 10/23/24 the medication was not available, <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On 10/24/24 the medication was not available, - On 10/25/24 the medication was not available, - On 10/26/24 the medication was not available, - On 10/27/24 the medication was not available, - On 10/28/24 the medication was not available, - On 10/29/24 the medication was not available, - On 10/30/24 the medication was not available, and the Nurse Practitioner was notified, - On 10/31/24 the medication was not available, - On 11/01/24 the medication was not available, and - On 11/02/24 the medication was not available. <p>The resident's clinical record lacked documentation that the physician or pharmacy was notified or contacted related to the medication being unavailable.</p> <p>During an interview, on 03/27/25 at 10:25 A.M., Licensed Practical Nurse (LPN) 7 indicated if a resident didn't have a medication available to give in the medication cart, she would check the facilities emergency drug kit to see if she could get it from there. If it was not available in the kit, she would contact the pharmacy to see about getting it sent from the back-up pharmacy. If the medication was still unavailable to get, she would contact the physician. She would document in a progress note that the physician and pharmacy was notified.</p> <p>The current, undated, facility policy titled, Medication Administration General Guidelines, was provided by the MDS Coordinator on 03/27/25 at 1:15 P.M. The policy indicated, .Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so .If a dose of regularly scheduled medications is withheld, refused, not available, or given at a time other than the scheduled time .An explanatory note is entered .If 3 consecutive doses of a vital medication are withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response .</p> <p>3.1-25(a)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>38239</p> <p>Based on interview and record review, the facility failed to address pharmacy recommendations for 3 of 5 residents reviewed for medication irregularities. (Residents 37, 32, and 4)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 37 was reviewed on 03/26/25 at 2:25 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 01/29/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, stroke, diabetes, irritable bowel syndrome, anxiety, and depression.</p> <p>The pharmacist reviewed the resident's medications monthly and made the following recommendations:</p> <ul style="list-style-type: none"> - A Consultant Pharmacist Recommendation to Prescriber, dated 12/20/24, indicated the resident's current physician's orders included an order for Loperamide (an anti-diarrheal medication) liquid solution, 1 mg (milligrams) per 7.5 (milliliter) mL. The resident was to receive 30 mL (4 mg) every twelve hours as needed and the resident had a current order for Loperamide oral capsules, 2 mg every 4 hours as needed. It was recommended that the prescriber review the continued use of the duplicate orders. - A Consultant Pharmacy Recommendation to Nursing, dated 12/20/24, indicated the resident had a current physician's order for Topamax (an anticonvulsant medication that was also used to treat migraine headaches and bipolar disorder) for depression. Depression was not an appropriate diagnosis for the use of the medication. It was recommended that the order be updated with an appropriate supportive diagnosis and to contact the prescriber for clarification. - A Consultant Pharmacist Recommendation to Prescriber, dated 01/20/25, indicated the resident received Duloxetine (an antidepressant) 30 mg daily since 07/19/24. It was recommended to consider a trial dose reduction of the medication. If a gradual dose reduction was contraindicated, the provider was to document the clinical rationale. <p>The resident's clinical record lacked any indication the physician responded to the pharmacist's recommendations.</p> <p>During an interview, on 03/26/25 at 2:07 P.M., the Director of Nursing (DON) indicated the pharmacist reviewed the residents' medications monthly. She received the recommendations via email and ensured follow through. There was usually a response from the provider within a week, if not sooner. There should be documentation to indicate whether the physician agreed or didn't agree with the recommendation and the rationale.</p> <p>38769</p> <p>(continued on next page)</p>		

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 03/27/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The clinical record for Resident 32 was reviewed on 03/25/25 at 9:22 A.M. A Quarterly MDS assessment, dated 02/05/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, anemia, Alzheimer's disease, cerebral palsy, dementia, seizure disorder, depression, and bipolar.</p> <p>A Pharmacy Recommendation, dated 12/20/24, indicated to add a 14 day stop date to the residents Lorazepam (an anxiety medication) that was given as needed.</p> <p>The current physician's order, with a start date of 10/22/24, indicated the resident was to be given Lorazepam 1 mg every 4 hours as needed for anxiety.</p> <p>The clinical record lacked indication the physician was made aware of the recommendation.</p> <p>During an interview, on 03/26/25 at 2:35 P.M., the DON indicated the pharmacy review from 12/20/24 was not reviewed or acknowledged.</p> <p>33613</p> <p>3. The clinical record for Resident 4 was reviewed on 03/26/25 at 3:08 P.M. An Annual MDS assessment, dated 03/06/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, Parkinson's disease, hypertension, diabetes, dementia, anxiety, and psychotic disorder.</p> <p>The pharmacist reviewed the resident's medications monthly and made the following recommendations:</p> <p>- A Consultant Pharmacist Recommendation to Prescriber, dated 12/20/24, indicated the resident currently received Mirtazapine (antianxiety) 15 mg every night, Sertraline (antidepressant) 50 mg every night, and Trazadone (antidepressant) 50 mg every night. A trial dose reduction was recommended.</p> <p>There was no indication the physician or prescriber responded to the pharmacist's recommendation.</p> <p>During an interview, on 03/27/25 at 10:25 A.M., the DON indicated she did not see anything in the resident's clinical record that addressed the pharmacy recommendation.</p> <p>The current facility policy, titled Psychotropic Medication-Gradual Dose Reduction, revised on 02/01/18, was provided by the DON on 03/26/25 at 2:47 P.M. The policy indicated, .The pharmacist will report any irregularities to the Director of Nursing. The Director of Nursing will notify or direct licensed staff to notify attending physician as necessary .</p> <p>3.1-25(i)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38769</p> <p>Based on observation and interview, the facility failed to store medications appropriately for 1 of 2 medication storage rooms (Wing 2 Medication Storage Room) and 3 of 4 medication carts observed (Wing 2 Medication Cart and Wing 3 Medication Carts).</p> <p>Findings include:</p> <p>During an observation, on 03/21/25 at 10:16 A.M., the Wing 2 Medication Storage Room had three unopened bags of g-tube feeding formula that were not in a box that were sitting on the bare floor and six unopened boxes sitting on the bare floor. The Director of Nursing (DON) indicated the boxes were supplies.</p> <p>During an observation, on 03/21/25 at 10:19 A.M., a Wing 2 Medication Cart contained a loose round tan pill inside a drawer. Licensed Practical Nurse (LPN) 7 removed the pill and disposed of it at that time.</p> <p>During an observation and interview, on 03/21/25 at 10:43 A.M., a Wing 3 Medication Cart contained the following loose pills inside the drawers:</p> <ul style="list-style-type: none"> - a white round pill, LPN 10 indicated it was a Tylenol, - an oval pill, LPN 10 indicated was a coenzyme, - a small white pill, LPN 10 indicated was risperidone, and - a small yellow/tan colored pill, LPN indicated was baclofen. <p>LPN 10 removed all the loose pills from the cart and placed them in a medication cup.</p> <p>During an observation and interview, on 03/21/25 at 10:48 A.M., a Wing 3 Medication Cart contained a loose white round pill, lots of small papers, and what appeared to powdered pill substances in all the corners of the drawers, LPN 3 indicated the loose pill was a trazodone, the nurses were responsible for cleaning out the medication carts, that cart was pretty dirty. She would clean it out that day.</p> <p>The current, undated, facility policy titled, Medication Storage was provided by the Administrator on 03/27/25 at 10:02 A.M. The policy indicated, .Medications and biologicals are stored safely, securely, and properly, following the manufacturer's recommendations or those of the supplier .Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity .</p> <p>3.1-25(o)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33613</p> <p>Based on observation and interview, the facility failed to follow appropriate guidelines related to the use of hairnets in the kitchen for 3 of 3 kitchen observations. (Dietary Manager, Cooks 4 and 5, and the Corporate Dietary Consultant)</p> <p>Findings include:</p> <p>1. During a tour of the kitchen, on 03/20/25 at 11:01 A.M., the Dietary Manager (DM) had three inches of hair outside of her hairnet on each side and the back of her head while she was in the food preparation area.</p> <p>During an observation, on 03/26/25 at 11:54 A.M., the DM had three inches of hair exposed outside the hairnet while in the food preparation area.</p> <p>During a kitchen observation, on 03/27/25 at 11:42 A.M., [NAME] 4 had six inches of hair exposed outside her hairnet on the right side of her face, [NAME] 5 had two inches of hair exposed outside the hairnet around her face, the DM had three inches of hair exposed outside the hairnet on both sides of face and on the back of her neck, and the Corporate Dietary Consultant had three inches of bangs and two inches of hair exposed outside the hairnet on both sides of her face while in the food preparation area.</p> <p>During an interview, on 03/27/25 at 11:56 A.M., the DM indicated hairnets should cover all the hair. If hair cannot be contained with one hair net, two hairnets should be used.</p> <p>The current Hair Restraints policy, dated 2020, was provided by the Director of Nursing on 03/27/25 at 3:15 P.M. The policy indicated, .Staff shall wear hair restraints in all food production, dishwashing, and serving areas.</p> <p>3.1-21(i)(3)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33613</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control guidelines related to enhanced barrier precautions for 3 of 3 wound care observations. (Residents 75, 4, and 31)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 75 was reviewed on 03/24/25 at 11:34 A.M. An Admission Minimum Data Set (MDS) assessment, dated 01/27/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, Parkinson's disease, metastasized bone cancer, hypertension, dementia, and chronic obstructive pulmonary disease.</p> <p>An open-ended physician's order, with a start date of 03/18/25, indicated the resident was in enhanced barrier precautions (for a chronic wound).</p> <p>During an observation, on 03/26/25 at 11:22 A.M., the resident's door had a sign on it that indicated to STOP that they were in enhanced barrier precautions. Everyone must wear gloves and a gown when providing wound care. Licensed Practical Nurse (LPN) 2 entered the resident's room and provided wound treatment care without donning a gown.</p> <p>2. The clinical record for Resident 4 was reviewed on 03/26/25 at 3:08 P.M. An Annual MDS assessment, dated 03/06/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, Parkinson's disease, hypertension, diabetes, dementia, anxiety, and psychotic disorder.</p> <p>An open-ended physician's order, with a start date of 12/27/24, indicated the resident was in enhanced barrier precautions for a chronic wound.</p> <p>During an observation, on 03/26/25 at 11:46 A.M., the resident's door had a sign on it that indicated to STOP that they were in enhanced barrier precautions. Everyone must wear gloves and a gown when providing wound care. LPN 2 entered the resident's room and provided wound treatment care without donning a gown.</p> <p>During an interview, on 03/26/25 at 3:17 P.M., LPN 3 indicated gloves and a gown should be worn during a wound dressing change if the resident was on enhanced barrier precautions.</p> <p>38769</p> <p>3. The clinical record for Resident 31 was reviewed on 03/25/25 at 9:46 A.M. A Quarterly MDS assessment, dated 12/26/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, dementia, diabetes, non-Alzheimer dementia, anxiety, depression, and psychotic disorder.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An open-ended physician's order, with a start date of 01/29/25, indicated the resident was in enhanced barrier precautions (to reduce the risk of transmitting multidrug-resistant organisms [MDRO] and targeted MDRO when contact precautions do not apply for residents identified at higher risk) for a chronic wound.</p> <p>During an observation, on 03/26/25 at 3:17 P.M., the resident's door had a sign on it that indicated to STOP that they were in enhanced barrier precautions. Everyone must wear gloves and a gown when providing wound care. RN 6 entered the resident's room and provided wound treatment care without donning a gown.</p> <p>The current facility policy titled, Enhanced Barrier Precautions with a revision date of 05/07/24, was provided by the Corporate Clinical Nurse Support on 03/27/25 at 2:07 P.M. The policy indicated, .To reduce the risk of transmitting multidrug-resistant organisms [MDRO] and targeted MDRO when contact precautions do not apply for residents identified at higher risk .EBP are used in conjunction with standard precautions and expand to use of PPE [Personal Protective Equipment] to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .Wounds generally include chronic wounds .</p> <p>3.1-18(b)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34232</p> <p>Based on observation, record review, and interview, the facility failed to ensure an effective pest control was in place for residents' bathrooms and bedrooms related to gnats or drain flies. This deficient practice had the potential to affect 70 of 70 residents that resided in the facility.</p> <p>Findings include:</p> <p>During an observation of Wing 2, on 03/21/25 through 03/25/25, the following concerns were observed on the following dates and times:</p> <ul style="list-style-type: none"> - On 03/21/25 at 10:25 A.M., the Wing 2 Shower Room had sticky floors; a strong urine odor; the toilet base had one inch by eight-inch band of black debris around toilet base; and a one-foot-long, a two-foot-long, and a three-foot-long stripe of black/brown residue around the tile areas in the shower stall. - On 03/21/25 at 10:33 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had a swarm of gnats flying about the room and multiple gnats on the walls. - On 03/21/25 at 10:39 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had several gnats flying about the room. Resident D indicated they have had a problem with gnats for a while. - On 03/24/25 at 10:24 A.M., the Resident room [ROOM NUMBER], had a few gnats flying about in the residents' bedroom. - On 03/24/25 at 3:17 P.M., the bathroom shared by Resident rooms [ROOM NUMBERS], had several gnats flying about the residents' bedroom area. Resident E indicated they have had a problem with gnats in their room and bathroom for a while. - On 03/24/25 at 10:24 A.M., in the Resident room [ROOM NUMBER], had a few gnats flying about in the residents' bedroom. - On 03/24/25 at 3:17 P.M., the bathroom shared by Resident rooms [ROOM NUMBERS] had several gnats flying about the residents' bedroom. Resident E indicated they have had a problem with gnats in their room and bathroom for a while. - On 03/25/25 at 10:14 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS] had several gnats flying about the room and on the walls. - On 03/25/25 at 10:23 A.M., the bathroom shared by Resident rooms [ROOM NUMBERS] had several gnats flying about the room and on the walls. - On 03/25/25 at 10:30 A.M., on the walls in the hallways of Wing 2 there were several gnats observed on the walls. <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview, on 03/27/25 at 10:11 A.M., the Maintenance Director indicated the facility had a Pest Control provider who came into the facility every two weeks. The pest control provider did not normally go into the residents' bedrooms or bathrooms.</p> <p>During an interview, on 03/27/25 at 10:12 A.M., the Housekeeping Supervisor indicated they had cleaning check-off lists for each unit. Staff were to check off items after they were completed. They also had a separate check off list for deep cleaning. On a deep clean they pulled everything out of the residents' room, cleaned the walls, the privacy curtain, the bedding, pulled out the beds, cleaned the bed frame, window blinds, the trim, and the bathrooms. Rooms were deep cleaned every couple of weeks and as needed. Some were done more often. She kept the deep clean check off lists. She kept the daily check-off lists for about 2 weeks. Blank checklists were provided by the Housekeeping Supervisor. She indicated she had just thrown them away and did not have any completed checklists for any of the units. None of the checklists included cleaning the walls of the shower rooms.</p> <p>The Pest Control visit records for the last 3 months were provided by the Maintenance Director on 03/27/25 at 11:50 A.M. Only one record, dated 03/18/25, included a service documented as One Shot.</p> <p>During an interview on 03/27/25 at 2:48 P.M., when asked for the building inspections for the interior and exterior of the building, the Maintenance Director indicated he walked through the building everyday but did not document his observations.</p> <p>During an interview on 03/27/25 at 2:50 P.M., the facility's pest control company indicated One Shot was their internal code for just a one-time service. They had used a product in the drains that would make it less hospitable for gnats and drain flies. They came out twice a month for routine services. They applied a general application for pests in the common areas and in the kitchen for preemptive maintenance and did not treat the residents' bathrooms or bedrooms. For the product they had put in the drains, they really did not have a time frame as to when the situation may alleviate itself because of other factors.</p> <p>2. During an observation on 03/27/25 at 11:11 A.M., Resident B was outside in the courtyard in his wheelchair with a group of residents that were awaiting to smoke. While propelling himself, he fell forward, with the wheelchair still attached to his back because he used a seat belt for positioning and landed face down with his forehead touching the sidewalk. Another resident turned the resident to his side as no staff were within five feet of this resident.</p> <p>During an interview on 03/27/25 at 1:26 P.M., CNA 8 indicated they had put in a work order for the concrete chipping. No one was with the resident when he fell . They had put the work order in about two weeks ago because they noticed it was getting worse, and all the rain had not helped. The resident had a scrape on his forehead and a little bump on the back of his head from today's fall.</p> <p>The Progress Notes for Resident B were provided by the DON on 03/27/25 at 3:14 P.M. A note, dated 03/27/25 at 11:00 A.M., indicated the resident had an unwitnessed fall in the courtyard smoking area. The resident's wheelchair tipped over as he was propelling it on the concrete. The resident's statement indicated, I was coming to smoke and the chair tipped over because of the concrete. The resident received a scrape to the forehead and a small bump on the top of his head.</p> <p>The MAINTENANCE REQUEST forms were provided by the Administrator on 03/27/25 at 1:50 P.M., and included, but was not limited to, the following:</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- A request, from CNA 9, dated 03/12/25, indicating the sidewalk had a big chunk out of it, and could you please look at it and see if something could be done.</p> <p>The current undated Housekeeping Service Policy was provided by the Corporate Clinical Nurse Consultant on 03/27/25 at 1:45 P.M. The policy indicated, .Purpose .To ensure that the facility, equipment, furnishings [sic] and resident rooms are maintained in a sanitary manner; to provide a comfortable environment, and to prevent the development and transmission of infection .maintain a clean, odor free, .orderly environment . which meet .the .residents right for a safe, clean, comfortable homelike environment .</p> <p>The current undated Preventative Maintenance and Inspections policy was provided by the DON on 03/27/25 at 2:40 P.M. The policy indicated, .Inspection checklists are developed for at least .The building .Exterior inspection will be conducted and documented weekly .Interior inspection will be conducted and documented weekly .Condition of flooring .Cement cracks .Each resident room will be inspected and documented monthly .</p> <p>The current Falls policy, with a reviewed date of 01/01/15, was provided by the DON on 03/27/25 at 2:40 P. M. The policy indicated, .Licensed nurse should conduct assessment immediately, including events leading up to the fall to determine when possible and causative factors .</p> <p>This citation relates to Complaints IN00455300 and IN00455916.</p> <p>3.1-19(f)(4)</p>		