

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Aperion Care Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 120 E Miller Dr Bloomington, IN 47401	
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)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a sanitary environment for 2 of 9 resident rooms and 1 of 1 sit to stand mechanical lift. The sit to stand mechanical lift was dirty and resident rooms had flies and gnats. (room [ROOM NUMBER], room [ROOM NUMBER], Sit to Stand mechanical lift) Findings include: 1. On 6/18/26 at 10:45 a.m., the foot platform of the sit to stand lift in the north hallway was observed to contain food crumbs and debris. On 6/19/26 at 9:50 a.m., the foot platform of the sit to stand lift in the north hallway was observed to contain food crumbs and debris. On 6/22/26 at 10:50 a.m., the foot platform of the sit to stand lift in the north hallway was observed to contain food crumbs and debris. 2. On 6/18/26 at 10:50 a.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. On 6/19/26 at 9:55 a.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. On 6/22/26 at 11:00 a.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. 3. On 6/18/26 at 1:46 p.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. On 6/19/26 at 10:02 a.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. On 6/23/26 at 11:12 a.m., numerous flies and gnats were observed flying in room [ROOM NUMBER]. During an interview on 6/23/26 at 12:40 p.m. the Administrator indicated the sit to stand lift foot platform needed cleaning and the gnats and flies in the resident rooms were in need of elimination. On 6/18/26 at 11:49 a.m., the Administrator provided the Resident Rights, revised 3/15/17, and indicated these were the resident rights currently used by the facility. A review of the Resident Rights indicated residents, have the right to a safe, clean, comfortable, and homelike environment . 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)		

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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