

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 10/25/2024
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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was provided to the resident and the resident representative for 1 of 1 resident reviewed for hospitalization . (Resident 33)</p> <p>Findings include:</p> <p>Residents 33's clinical record was reviewed on 10/22/24 at 2:02 p.m. The diagnoses included, but were not limited to, dementia and fracture of the left femur.</p> <p>Resident 33's progress notes indicated the resident was sent to the hospital on 9/30/24. The clinical record lacked documentation the written notification of the Transfer and Discharge forms were provided to the resident and the resident representative.</p> <p>During an interview on 10/24/24 at 2:45 p.m., the Administrator indicated the forms were sent in writing to the resident representative but was not documented.</p> <p>On 10/25/24 at 12:09 p.m., the Administrator provided the facility's policy, Discharge Transfer of Resident, dated 11/28/12, and indicated it was the policy currently being used by the facility. A review of the policy did not indicate sending the written notification required for a transfer and discharge to the resident and the resident representative.</p> <p>3.1-12(a)(6)(A)(i)</p> <p>3.1-12(a)(6)(A)(iii)</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the notification of the bed hold policy required for a resident who transferred to the hospital was provided in writing to the resident or the resident representative for 1 of 1 resident reviewed for hospitalization . (Resident 33)</p> <p>Findings include:</p> <p>Residents 33's clinical record was reviewed on 10/22/24 at 2:02 p.m. The diagnoses included, but were not limited to, dementia and fracture of the left femur.</p> <p>Resident 33's progress notes indicated the resident was sent to the hospital on 9/30/24. The clinical record lacked documentation the written notification which specified the facility's bed hold policy was provided to the resident or the resident representative.</p> <p>During an interview on 10/24/24 at 2:45 p.m., the Administrator indicated the forms were sent in writing to the resident representative but was not documented.</p> <p>On 10/25/24 at 12:09 p.m., the Administrator provided the facility's policy, Bed Hold and Return to Facility, dated 11/28/12, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Guidelines: . The facility bed hold policy will be given to the resident and/or resident representative as follows . At the time of a transfer from the facility . In cases of emergency transfer, notice [at time of transfer] means that the family or representative are provided with written notification within 24 hours of the transfer .</p> <p>3.1-12(a)(25)</p> <p>3.1-12(a)(26)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment for a 2 of 2 residents reviewed for nutrition. Weight loss and IV (intravenous) nutrition were coded inaccurately. (Resident 7, Resident 31)</p> <p>Findings include:</p> <p>1. Resident 7's clinical record was reviewed on 10/25/24 at 10:00 a.m. The diagnosis included, but was not limited to, Alzheimer's Disease.</p> <p>A review of the Weights and Vitals Summary for Resident 7 indicated the following:</p> <ul style="list-style-type: none"> -On 6/24/24, the resident weighed 116 pounds. -On 7/8/24, the resident weighed 110 pounds. -On 8/5/24, the resident weighed 109 pounds. -On 9/4/24, the resident weighed 105 pounds. -On 10/11/24, the resident weighed 101 pounds. <p>This was an assessed 12.93% severe weight loss in 5 months.</p> <p>Resident 7's Annual MDS assessment, dated 10/7/24, indicated the resident weighed 134 and weight loss had not been assessed during the look back period.</p> <p>During an interview on 10/25/24 at 10:15 a.m., the Assistant Director of Nursing indicated the Annual MDS assessment, dated 10/7/24, for Resident 7 had been coded incorrectly for the resident's weight loss and weight during the look back period.</p> <p>50647</p> <p>2. On 10/22/24 at 1:43 p.m., Resident 31's clinical record was reviewed. The diagnoses included, but were not limited to, traumatic brain injury, dysphagia (swallowing difficulties), and respiratory failure.</p> <p>The Admission MDS assessment, dated 9/13/24, indicated the resident received Parenteral/IV (a method of providing nutrition directly into the bloodstream through a vein) and tube feedings (medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation) while a resident.</p> <p>The Physician's orders, dated 9/10/24, indicated the resident was receiving enteral feeding (tube feeding).</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 10/25/24 at 9:40 a.m., the DON indicated the resident only had tube feedings and had not had IV feedings since admitted .</p> <p>During an interview with the Assistant Director of Nursing (ADON)/MDS Coordinator on 10/25/24 at 9:48 a.m. , indicated that the resident never had an IV for feedings and the MDS assessment was marked incorrectly on admission.</p> <p>During an interview with the Administrator on 10/25/24 at 10:05 a.m., she indicated they did not have a MDS assessment coding policy. They followed the Resident Assessment Instrument (RAI) manual for coding the MDS assessment.</p> <p>3.1-31(d)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50647</p> <p>Based on observation, interview, and record review, the facility failed to label medications with an open and expiration dates for 1 of 1 medication rooms observed. (Medication Room, Resident 14)</p> <p>Findings include:</p> <p>On 10/24/24 at 11:00 a.m., the refrigerator in the medication room was observed to have a vial of tuberculin PPD (purified protein derivative, a solution to aid in diagnosis of a tuberculosis infection) without an open or expiration date. An Ozempic injector pen (an injectable medication used to treat type 2 diabetes) for Resident 14, was observed without an open date or an expiration date. The Director of Nursing (DON) could not find an open date or an expiration date on either medication. The DON indicated every medication that was opened should have an open date and an expiration date on the vial or the pen. The DON was unsure when to discard medications after they were opened.</p> <p>On 10/24/24 at 11:25 a.m., the Administrator provided the facility's policy on Medication Storage, dated 7/2/19, and indicated it was a current policy being used by the facility. A review of the policy indicated .5. Once any medication . is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container .</p> <p>3.1-25(j)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure a resident with a physician order for a carbohydrate controlled diet received the correct diet for 1 of 1 resident reviewed for food. (Resident 35)</p> <p>Findings include:</p> <p>During an interview on 10/21/24 at 2:35 p.m., Resident 35 indicated he had been on a low carbohydrate (carb) diet while in the hospital. He was supposed to be on a low carb diet while in the facility but he had been getting meals with high carbs. For lunch today, he had ham salad on bread. He had gained weight since coming to the facility from eating too many carbs.</p> <p>During an interview on 10/22/24 at 2:37 p.m., Resident 35 indicated lunch today had been chicken and noodles but he was only able to eat the chicken because he was not supposed to have carbs.</p> <p>Resident 35's clinical record was reviewed on 10/22/24 at 2:43 p.m. The diagnosis included, but was not limited to, Type II Diabetes Mellitus.</p> <p>Physician orders, dated 9/1/24 through 9/30/24, for Resident 35 indicated . regular diet, regular texture, regular/thin consistency .</p> <p>A review on 10/25/24 at 12:10 p.m., of the Inpatient Hospital Discharge Orders, dated 9/27/24, for Resident 35 indicated, . Discharge Diet: 9/27/24, Low-carb diet .</p> <p>During an interview on 10/24/24 at 1:56 p.m., the Administrator indicated she had not known Resident 35 was supposed to be on a carb controlled diet.</p> <p>During an interview on 10/24/24 at 2:01 p.m., the Administrator indicated the discharge orders from the hospital had been for a carb controlled diet but the diet had been put in wrong at the facility when the resident admitted .</p> <p>On 10/25/24 at 12:09 p.m., the Administrator provided the facility's policy,Diet Orders undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, . Guideline: Each resident will have a diet order prescribed by the physician . Procedure: 3. Nursing confirms the the diet order is written utilizing standard terminology of the house diets before it is confirmed in the health record .</p> <p>3.1-20(a)</p>		