

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Demotte		STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E County Line Rd Demotte, IN 46310	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20580</p> <p>Based on record review and interview, the facility failed to ensure cardiopulmonary resuscitation (CPR) (full code) was initiated as requested by the resident's Responsible Party/Health Care Representative, for a resident (Resident B) who was admitted into the facility on hospice, for 1 of 3 deceased residents who were reviewed for cardiopulmonary resuscitation status.</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on [DATE] at 9:42 a.m. The diagnoses included, but were not limited to diabetes mellitus, dysphagia, urinary retention, prostate cancer, severe vascular dementia, acute and subacute stroke, coronary artery disease, and quadriplegia. A family member was listed as his Health Care Representative (HCR).</p> <p>A Hospital Physician's Note, dated [DATE] and signed by Hospital Physician 1, indicated the resident was to be discharged from the hospital on [DATE] with an order for hospice care.</p> <p>A Post Scope of Treatment form, dated [DATE] and signed by the HCR, indicated a request for CPR to be initiated if there was no pulse and the resident was not breathing. Comfort measures (allow natural death) was indicated for medical interventions if the there was a pulse and there was breathing or if there was a pulse and was not breathing. The resident was to be transferred to the hospital only if comfort needs were unable to be met.</p> <p>The Nursing Admission Assessment, dated [DATE] at 2 a.m., indicated the resident was admitted into the facility for hospice care.</p> <p>A Physician's Order, dated [DATE], indicated a full code status.</p> <p>A Care Plan, dated [DATE], indicated a full code was to be initiated if needed. The interventions included, medications would be administered as ordered, the family would be encouraged to discuss concerns, the choices of the HCR would be honored, and CPR would be performed if the resident stopped breathing.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Demotte		STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E County Line Rd Demotte, IN 46310	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Care Plan, dated [DATE], indicated a terminal condition and hospice services were provided. The interventions included, visits with Clergy and Social Service would be provided as needed, hospice would be consulted about care issues and would visit per scheduled days for provided services, and pain management would be provided.</p> <p>The Admission Minimum Data Set assessment, dated [DATE], indicated a short and long term memory problems, impairment to one side of the upper extremities and both sides of the lower extremities. He was dependent of all activities of daily living, required a feeding tube for all dietary nutrition and fluids, had one stage three (full thickness skin loss or necrosis) pressure ulcer and one stage four (full thickness skin loss or necrosis to the bone, muscle, or supporting structures) that were present on admission. The resident received hospice care.</p> <p>A Multidisciplinary Care Conference Progress Note, dated [DATE] at 12:06 p.m., indicated the Assistant Director of Nursing (ADON), the Hospice Executive Director, the Hospice Marketer, the Business Office Manager, and the Social Service Director met with the HCR. The CPR status was discussed and the HCR indicated she would not change the resident's CPR status.</p> <p>A Nurse Practitioner's (NP) Progress Note, dated [DATE] at 1:12 p.m., indicated there were multiple medical problems and the resident received hospice services. The resident was non-verbal, had a feeding tube present and patent, had a urinary catheter that was patent, and appeared comfortable. His oxygen saturation was 98% and he appeared weak and frail.</p> <p>A Hospice Nurse Progress Note, dated [DATE], indicated the visit began at 11:22 a.m. and was documented at 3:40 p.m. The Note indicated a temperature of 98.2. The pulse was at 88 beats per minute, weak, thready, and irregular. The respirations were at 22 per minute, labored and shallow. the blood pressure was , d+[DATE]. The resident was unable to understand and participate in care. He was lethargic and unable to speak. He was dependent for all activities of daily living. The resident was administered oxygen.</p> <p>A Nurse's Progress Note, dated [DATE] at 12:34 a.m., written by Agency RN 2, indicated the Hospice Nurse just visited the resident. The resident was showing signs and symptoms of actively dying. The Hospice Nurse notified the HCR and had requested the medications and tube feeding be discontinued. The HCR refused to discontinue the medications and tube feeding and had not wanted anything changed until she arrived at the facility and saw the resident herself. Agency RN 2 then indicated she notified the HCR and requested her to visit the resident before he expired. The HCR indicated she would be at the facility at 3 p.m.</p> <p>A Nurse's Progress Note, dated [DATE] at 1:55 p.m., written by Agency RN 2, indicated the resident had expired. The HCR was notified.</p> <p>A Nurse's Progress Note, dated [DATE] at 2:15 p.m., written by Agency RN 2, indicated Hospice, the Director of Nursing and the Physician were notified of the resident's death.</p> <p>During an interview on [DATE] at 11:20 a.m., the Director of Nursing (DON) indicated CPR had not been initiated and the resident had not been transferred to the hospital when he had signs of actively dying.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Demotte		STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E County Line Rd Demotte, IN 46310	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 11:30 a.m., Hospice Nurse 3, indicated she had visited the resident on [DATE] and completed an assessment and wound care. He was showing signs of actively dying and had rapid respirations. She notified the HCR and explained his status to her. The HCR was asked if she understood what was happening and the HCR stated, he's dying. Hospice Nurse 3 informed the HCR he would be seen daily by hospice. She had not discussed the resident being a full code or if she wanted the resident transferred to the hospital.</p> <p>During an interview on [DATE] at 12:50 p.m., the Hospice Executive Director indicated they had a meeting with the HCR and discussed the CPR status. The HCR wanted CPR and then indicated when the Good Lord takes him, he takes him. The HCR was informed his health was declining. He was bed bound and could not speak.</p> <p>During an interview on [DATE] at 1:10 p.m., Physician 2 indicated she and other physicians had spoken with the HCR multiple times when the resident was in the hospital. They explained to the HCR that the resident had no quality of life and they recommended hospice services. Physician 2 indicated the resident was very sick and CPR would not have made a difference in the outcome.</p> <p>During an interview on [DATE] at 2:45 p.m., Agency RN 2 indicated not too long after the hospice nurse left the facility, a CNA had requested she assess the the resident. Agency RN 2 indicated when she entered the room, the resident had already expired. No CPR had been initiated. She indicated she overheard the hospice nurse talking to the HCR and she had informed the HCR the resident was actively dying. Agency RN 2 indicated she had notified the HCR and asked her what she wanted done and was informed by the HCR she would be there at 3 p.m.</p> <p>No policy was provided prior to survey exit.</p> <p>This citation relates to Complaint IN00439650.</p>		