

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  03/17/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed and in place for urinary incontinence care for 1 of 7 resident care plans reviewed. (Resident F) Finding includes: Resident F's record was reviewed on 3/17/26 at 12:01 p.m. The diagnoses included, but were not limited to, diabetes mellitus. An ADL Care Plan, dated 2/15/26, indicated a deficit in activities of daily living. The toilet hygiene section indicated the resident's usual performance was not documented. There was no intervention of how much care the resident required. A Care Plan, dated 2/15/26, indicated there was a potential of impairment of the the skin integrity related to incontinence. There were no interventions that indicated what care should be done for the incontinence. An admission Minimum Data Set (MDS) assessment, dated 2/18/26, indicated the resident was dependent for toileting and was frequently incontinent of the bowel and bladder. During an interview on 3/17/26 at 12:08 p.m., the MDS Coordinator indicated she needed to tighten up the Care Plans. During an interview on 3/17/26 at 12:10 p.m., the MDS Coordinator indicated there was no Care Plan for incontinence care. This citation relates to Intake 2707235.410 IAC (Indiana Administrative Code) 16.2-3.1-35(a)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review and interview, the facility failed to ensure residents who required assistance for activities of daily living (ADL's) received bathing/showers as scheduled for 3 of 3 residents who required assistance for ADL's. (Residents B, C, and D) Findings include: 1. Resident B's closed record was reviewed on 3/16/26 at 1:19 p.m. The diagnoses included, but were not limited to, fractures of the right and left lower extremities. A Care Plan, dated 12/11/25, indicated a deficit in ADL self care and was dependent on staff for bathing. An admission Minimum Data Set (MDS) assessment, dated 12/16/25, indicated he was dependent on staff for bathing. The Plan of Care indicated the resident's preference for bathing was on day shift on Wednesdays and Saturdays. The Shower Sheets and Task forms, dated 1/2026, indicated bathing had not occurred on 1/3/26. 2. Resident C's record was reviewed on 3/17/26 at 8:37 a.m. The diagnoses included, but were not limited to, seizures and bipolar. An Annual MDS assessment, dated 3/6/26, indicated moderate assistance was required for bathing. A Care Plan, revised on 3/17/26, indicated a deficit in ADL self care and required extensive assistance of one to two staff for bathing. The preferred bathing days were on day shift on Mondays, Wednesdays and Fridays. The Shower Sheets and Task forms, dated 1/2026, 2/2026, and 3/2026, indicated bathing had not occurred on January 14 and 30, February 23, and March 2 and 4, 2026. During an interview on 3/17/26 at 9:00 a.m., the Director of Nursing (DON) indicated bathing was completed three times a week due to the resident's poor hygiene. 3. Resident D's record was reviewed on 3/17/26 at 10:36 a.m. The diagnoses included, but were not limited to diabetes mellitus and below the knee amputation. A Care Plan, revised on 10/1/25, indicated a deficit in ADL self care and required assistance of one staff member for bathing. A Quarterly Minimum Data Set (MDS) assessment, dated 3/2/26, indicated the resident was dependent on staff for bathing. The preferred bathing days were on day shift on Tuesdays and Fridays. The Shower Sheets and Task forms, dated 1/2026, 2/2026 and 3/2026, indicated bathing had not been completed on January 24, February 14, 24, and 28, 2026 and March 10, 2026. During an interview on 3/17/26 at 11:37 a.m., the DON indicated she was unable to find documentation that indicated the bathing had been completed and was not able to say if the bathing had been completed. This citation relates to Intake 2707235.410 IAC (Indiana Administrative Code) 16.2-3.1-38(a)(3) 410 IAC (Indiana Administrative Code) 16.2-3.1-38(b)(2)</p>		