STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155580	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Tolleston Park	2350 Taft St Gary, IN 46404

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 48383 Based on record review and interview, the facility failed to complete adequate fall follow up related to missing neurological assessments for 1 of 3 residents reviewed for falls. (Resident B) Finding includes: The record for Resident B was reviewed on 11/21/24 at 9:26 a.m. Diagnoses included, but were not limited to, malignant neoplasm (abnormal growth) of the head, face, and neck, malignant neoplasm of the tongue, dysphagia (difficulty swallowing) and tracheostomy status. The Admission Minimum Data Set (MDS) assessment, dated 10/5/24, indicated the resident was cognitively intact. The resident was receiving tracheostomy care. A Care Plan, reviewed on 10/3/24, indicated the resident was a fall risk related to cancer and medications. Interventions included, but were not limited to, follow facility fall protocols and evaluate and treat as ordered or as needed. Resident B had an unwitnessed fall on 10/20/24. The Neurological 24 Hour Assessment was initiated on 10/20/24 at 12:25 p.m. The assessments were recorded as completed on the following dates and times: - On 10/20/2024 at 12:25 p.m., 5:12 p.m. and 10:30 p.m. - On 10/21/2024 at 10:05 a.m. There were no other neurological assessments documented in the resident's record for 10/21/24. During an interview on 11/21/24 at 1:19 p.m., the Director of Nursing indicated the nurses should have completed and documented Resident B's neurological assessments every four hours on 10/20 and 10/21/24. The facility policy titled, Neurological Assessment was provided by the DON as current on 11/21/24 at 12:39 p.m. The policy indicated neurological checks would be completed at the time of the physician order, potential head injury, or change in condition and every four hours for 24 hours. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00446462. 3.1-50(a)(2)