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	01/24/2025

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 20580 Based on observation, record review, and interview, the facility failed to ensure a resident with a pressure ulcer received the necessary treatment and services to promote healing, related to treatments not completed as ordered by the Physician for 1 of 3 residents reviewed for pressure ulcers. (Resident C) Finding includes: During an observation on 1/23/25 at 11:08 a.m., the Director of Nursing (DON) completed Resident C's pressure ulcer treatments with the assistance of Unit Manager 1. The DON indicated the pressure ulcer treatment on the coccyx was a duoderm (hydrocolloid dressing) and was to be changed every three days. She indicated the treatment had been completed on 1/22/25. The dressing on the coccyx at the time of the observation was a border gauze dressing with the date of 1/22/25 on the dressing. Resident C's record was reviewed on 1/23/25 at 11:02 a.m. The diagnoses included, but were not limited to, vascular dementia. A Physician's Order, dated 12/15/24, indicated a duoderm dressing was to be applied to the coccyx every three days. The order was discontinued on 1/22/25. A Significant Change Minimum Data Set assessment, dated 12/16/24, indicated a severely impaired cognitive status and unhealed pressure ulcers were present on admission. A Wound Physician's Order, Wound Evaluation and Management Summary, dated 1/17/25, indicated an order for the duoderm dressing every three days to be discontinued and a calcium alginate (dressing to absorb drainage) and border gauze dressing was to be applied daily. A Care Plan, dated 12/20/24, indicated a stage two (partial thickness loss of the dermis) pressure ulcer was present on the the coccyx. The interventions indicated the treatment to the area would be completed as ordered by the Physician. The Treatment Administration Record, dated 1/2025, indicated the duoderm dressing had been applied to the coccyx on 1/20/25 and the order for the calcium alginate dressing was to be started on 1/23/25. (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

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physician's Order, dated 1/22/25, indicated the pressure ulcer on the coccyx was to be cleansed with wound cleaner, patted dry, and a calcium alginate and dry dressing was to be applied daily. The start date for the treatment was 1/23/25. During an interview on 1/23/25 at 12 p.m., the DON indicated she was unaware orders for the coccyx pressure ulcer treatment had been changed. During an interview on 1/23/15 at 1:09 p.m., the DON indicated the Wound Physician had written a change in treatment orders for the coccyx pressure ulcer in his summary notes on 1/17/25 and the orders had not been transcribed in the resident's record until 1/22/25. During an interview on 1/23/25 at 1:18 p.m., the DON indicated the new treatment for the coccyx pressure ulcer had been completed on 1/22/25. This citation relates to Complaint IN00449958. 3.1-40(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 20580 Based on observation, interview, and record review, the facility failed to ensure correct Personal Protective Equipment (PPE) was used by a staff member (Housekeeper 1) when cleaning a room where a COVID-19 positive resident resided (Resident F) and was in COVID-19 Transmission-Based Precautions, for one random observation for infection control. Finding includes: During an observation on 1/22/25 at 12:00 p.m., Resident F was lying in his bed in his room. There was a red sign on the door that indicated the resident's room was a Red Zone, which meant the resident was COVID-19 positive. The Red Zone sign indicated the resident should be asked to put a mask on when the staff were in the room and gloves, gown, face shield and a N95 mask were to be worn when in the room. Housekeeper 1 was observed in the room and mopping the floor. Housekeeper 1 had a surgical mask on and was not wearing a face shield. Housekeeper 1 was interviewed at the time and indicated she was unsure if she should have a N95 mask and face shield on. She indicated the resident was asleep so she had not asked him to put a mask on. Resident F's record was reviewed on 1/24/25 at 10:46 a.m. The diagnoses included, but were not limited to, stroke and COVID-19. A Care Plan, dated 1/13/25, indicated he was COVID-19 positive. The interventions included isolation with droplet precautions. A Nurse's Progress Note, dated 1/13/25 at 12:54 p.m., indicated the resident required droplet precautions related to a confirmed diagnosis of COVID-19. A facility COVID-19 policy, dated 7/24/23 and received from the Corporate Nurse Consultant as current, indicated the PPE for use in the Red and Yellow Zones consisted of a N95 mask, gown, gloves, and eye protection (face shield). 3.1-18(b)