

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2025
NAME OF PROVIDER OR SUPPLIER  Aperion Care Tolleston Park		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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 activities of daily living (ADLs) were completed for dependent residents related to showers not being completed and documented for 2 of 3 residents reviewed for ADLs. (Residents B and D) Findings include: 1. Resident B's record was reviewed on 12/15/25 at 10:00 a.m. The diagnoses included, but were not limited to, spinal cord disease, schizophrenia, gout, difficulty walking, depression, and bipolar disorder. The 8/8/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making. The resident had impairment on one side of the lower extremity and required substantial/maximum assistance for eating, oral hygiene, and personal hygiene. All other ADLs required dependent care. The resident required substantial/maximum assistance for all transfers. The Care Plan, revised on 9/3/25, indicated the resident had an ADL self-care/mobility performance deficit related to gout. An approach indicated the resident was dependent with shower/bathing self. The record lacked any shower documentation for June, July, and August 2025. During an interview on 12/16/25 at 4:13 p.m., the Director of Nursing indicated they use the weekly skin assessments to document showers. However, there was no documentation in the skin assessment that indicated a shower or bed bath was completed. The assessment only documented skin observations. She indicated she would investigate the process and see if there was a clearer way to document showers. No additional information was provided. 2. Resident D's record was reviewed on 12/16/25 at 11:47 a.m. The diagnoses included, but were not limited to, COPD, depression, adult failure to thrive, dementia, cerebral palsy, schizophrenia. The 8/8/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making. The Care Plan, revised on 9/3/25, indicated the resident had an ADL self-care/mobility performance deficit related to cerebral palsy. An approach indicated shower/bathing required substantial/maximum assistance. The Shower Task was reviewed and there were no showers documented from 11/18/25 - 12/13/25. During an interview on 12/16/25 at 4:13 p.m., the Director of Nursing indicated they used the weekly skin assessments to document showers. However, there was no documentation in the skin assessment that indicated a shower or bed bath was completed. The assessment only documented skin observations. She indicated she would investigate the process and see if there was a clearer way to document showers. No additional information was provided. This citation relates to Intake 2693418.3.1-38(a)(3)(B)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interview, the facility failed to ensure residents received necessary care and services, related to 72 hour assessments and neurological assessments not completed for a resident with an unwitnessed fall and medication not given as ordered for 1 of 3 residents reviewed for accidents and 1 of 3 residents reviewed for medication administration. (Residents C and G) Findings include: 1. Resident C's record was reviewed on 12/15/25 at 3:00 p.m. The diagnoses included, but were not limited to, heart disease, copd, sepsis, depression, dementia, and anxiety. The 11/13/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was not cognitively intact for daily decision making. The Medication Administration Records (MAR), from October and November 2025 indicated the medications were blank and not signed out as being completed on the following days: aspirin: blank on 10/25, 10/29, 11/8, and 11/28/25; zolof: blank on 10/25, 10/28, 11/8, and 11/28/25; norco: blank on 11/8, 11/14, and 11/28/25. A Physician's Order, dated 12/13/24, indicated to administer Aspirin 81 Milligrams (mg) via PEG-Tube every morning related to atrial fibrillation (abnormal heart rhythm). A Physician's Order, dated 12/13/24, indicated to administer Zolof 100 Milligrams (mg) via PEG-Tube every morning related to depression. A Physician's Order, dated 7/18/25, indicated to administer Norco (pain medication) 5-325 Milligrams (mg) via PEG-Tube three times a day related to pain. During an interview on 12/16/25 at 12:48 p.m., the Director of Nursing indicated she did not know why the medication was not given on the above dates. She had no further information to provide. 2. Resident G's record was reviewed on 12/16/25 at 12:22 p.m. The diagnoses included, but were not limited to, respiratory failure, COPD, diabetes, kidney disease, dialysis, and dementia. The 9/24/25 Quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact for daily decision making. Eating, shower/bathing, upper body dressing, and personal hygiene required supervision. Toileting, lower body dressing and chair to bed transfers required partial to moderate assistance. A Nurses' Note, dated 9/15/25 at 6:30 a.m., indicated Resident G had an unwitnessed fall on 9/15/25 at 6:30 a.m.. The resident was found lying on his back on the floor. An assessment at the time indicated neurological checks had been initiated and non-skid footwear was placed on the resident. The Neurological Assessment Form was not completed on 9/15/25 at 10:30 p.m., 9/16/25 at 2:30 a.m., and 9/16/25 at 6:30 a.m. The 72-hour post-fall charting ended on 9/16/25 at 7:58 p.m. There were no other follow-up assessments completed. A Care Plan, dated 9/16/25, indicated the resident had an actual fall on 9/15/25. Interventions were to ensure the walkway is free of clutter and determine causative factors. During an interview on 12/17/25 at 12:41 p.m., the Director of Nursing indicated the nurse stopped documentation on the neurological form, she must have felt the resident was okay. The 72 hour documentation post fall was not completed past 9/16/25 and should have continued for the full 72 hours. She had no further information to provide. The facility policy titled Neurological Assessment was provided on 9/20/24 at 1:54 p.m. by the Director of Nursing and identified as current. The policy indicated. neuro checks will be completed at the time of physician order, potential head injury or change in condition every 4 hours for 24 hours. This citation relates to Intakes 2651445 and 2693418.3. 1-37(a)</p>		