

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Summerfield		STREET ADDRESS, CITY, STATE, ZIP CODE 34 South Main Street Cloverdale, IN 46120	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>34129</p> <p>Based on observation, interview, and record review, the facility failed to ensure a call light was kept within the resident's reach for 1 of 16 residents reviewed for call lights (Resident 39).</p> <p>Finding includes:</p> <p>On 4/25/24 at 9:22 a.m., Resident 39 was observed sitting on his bed watching television. The resident's call light was observed on the floor underneath two plastic storage containers, out of the resident's reach.</p> <p>On 4/26/24 at 8:55 a.m., Resident 39 was observed sitting on his bed watching television. The resident's call light was observed on the floor underneath two plastic storage containers, out of the resident's reach.</p> <p>On 4/29/24 at 9:02 a.m., Resident 39 was observed sitting on his bed watching television. The resident's call light was observed on the floor underneath two plastic storage containers, out of the resident's reach.</p> <p>On 4/29/24 at 3:15 p.m., the Director of Nursing (DON) observed the call light under the two storage containers and indicated, Resident 39's call light should be within reach and not on the floor under the two storage containers.</p> <p>Resident 39's record was reviewed on 4/30/24 at 9:48 a.m. Resident 39 was admitted to the facility, on 2/26/24, with diagnoses included, but were not limited to, Huntington's disease (A condition that damages nerve cells in the brain causing them to stop working properly. The damage to the brain gets worse over time. It can affect movement, cognition, and mental health), unspecified lack of coordination, unsteadiness of feet, reduced mobility, and repeated falls.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/4/24, indicated the resident had a severe cognitive impairment and required supervision or assistance from staff for activities of daily living (ADL) (daily tasks related to resident care and hygiene).</p> <p>A care plan, goal target, dated 5/26/24, indicated the resident was at risk for falls due to Huntington's disease. Interventions included, but were not limited to, keep all light within reach.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/24 at 8:45 a.m., the Administrator (ADM) indicated the residents' call lights should be within their reach. The ADM provided and identified a document as a current facility policy titled, Call Light, revision dated 2/2/18. The policy indicated, .Purpose: To respond to residents' requests and needs in a timely and courteous manner .1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location</p> <p>3.1-3(v)(1)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>48226</p> <p>Based on interview and record review, the facility failed to provide Registered Nurse (RN) coverage 8 hours per day 7 days per week for 7 of 28 days reviewed for staffing. This had the potential to affect 40 of 40 residents who resided in the facility.</p> <p>Findings include:</p> <p>On 4/30/24 at 11:00 a.m., review of RN staffing schedules for 4/1/24 to 4/27/24 indicated the Director of Nursing was scheduled as the RN Monday through Friday. An RN was not scheduled for the weekends of 4/6/24, 4/7/24, 4/12/24, 4/13/24, 4/19/24, 4/20/24, or 4/28/24. The Administrator indicated the Director of Nursing was available for calls during the weekends.</p> <p>On 4/30/24 at 11:45 a.m., the Administrator provided a document titled, Staffing, dated 2001, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy Statement .Our facility provides adequate staffing to meet needed care and services for our resident population .1. Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed staff are available to provide and monitor the delivery of resident care services</p> <p>3.1-17(b)(3)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34129</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff wore a hairnet restraint when in the kitchen, hand hygiene was completed appropriately, food items were labeled and dated, expired foods were discarded, dented cans were not stocked for usage for the residents' meals, and food was not stored directly onto the storeroom floor for 1 of 2 kitchen observations. This deficiency had the potential to affect 40 of 40 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen with the Dietary Manager (DM), on [DATE] at 9:50 a.m., the following was observed:</p> <p>a. While in the kitchen, the DM had her hair in a ponytail without a hairnet and failed to wash her hands prior to beginning the kitchen tour and handling food items.</p> <p>b. The kitchen freezers contained an undated bag of biscuits, 2 undated bags of frozen French fries, 3 undated lemon pies, 2 undated bulk sausage tubes, 6 undated packages of waffles, 2 packages of puree peas labeled with a use by date of [DATE], 6 undated bags of tator tots, a large bag of frozen hamburger patties undated, an undated package of fish [NAME], 6 undated apple pies, 3 undated hamburger rolls, undated package of pizza crusts, 8 undated rolls of ground pork shoulder, undated package of chicken and dumplings seasoning, undated package of donuts, undated bag of chicken tenders, 2 undated packages of hashbrown, 2 undated bags of diced chicken, and 2 undated packages of chicken tender.</p> <p>c. The dry storage area contained 3 dented cans of 106-ounce (oz) tomato sauce and a large cardboard box of ice cream cones stored directly on the stockroom floor without a barrier.</p> <p>On [DATE] at 10:30 a.m., the DM wiped her brow with her bare hand and tucked her hair behind her ear, then touched more food items. She indicated no food items should be stored directly on the floor, all dented cans including the dented cans of tomato sauce should be discarded. All food items should be dated when received and stocked in the kitchen, but it was not getting done.</p> <p>On [DATE] at 10:37 a.m., the DM washed her hands, turned off the water faucet with her bare hand, indicated there were no paper towels in the dispenser, shook out her wet hands onto the floor, wiped her wet hands onto her pants, and then continued the tour of the kitchen and dry storage area.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:00 a.m., the Administrator (ADM) indicated staff were required to wear hairnet restraints when in the kitchen. Staff were required to wash their hands and turn off the water faucet with a paper towel when entering the kitchen and before and after touching food items. All food items should be labeled and dated when received, food items should not be stored directly on the floor, and canned goods with a compromised seal (dented) should be returned to the vendor. The ADM provided and identified a document as a current facility policy titled, Hand Washing, dated ,d+[DATE]. The policy indicated, .Policy: It is the policy of the Dietary Department to prevent the spread of infection through proper handwashing .Procedure: .1. Hands are washed: .a When entering and before starting work in the Dietary Department .d. Before and after handling foods .e. After using the bathroom, sneezing, coughing, touching face or hair, scratching and using a handkerchief .2. Handwashing Procedure: .e. Hands must be washed for a minimum of 20 seconds .f. Rinse thoroughly .g. Wipe dry with disposable paper towels .h. Turn off water faucet with paper towels</p> <p>The ADM, on [DATE] at 11:00 a.m., provided and identified a document as a current facility policy titled, Food Storage (Dry, Refrigerated, and Frozen), dated 2020. The policy indicated, .Procedure: .General storage guidelines to be followed: .a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded .f. Dented cans are set aside in a separate labeled area of the storeroom to avoid using them and discarded according to vendor procedure</p> <p>The ADM, on [DATE] at 11:00 a.m., provided and identified a document as a current facility policy titled, Storage of Dry Foods, dated ,d+[DATE]. The policy indicated, .7. Food should not be exposed to splash, dust or other contamination and at least six inches above the floor</p> <p>3XXX,d+[DATE](i)(1)</p> <p>3XXX,d+[DATE](i)(3)</p>		