

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Marion LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 614 West 14th Street Marion, IN 46953	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>40241</p> <p>Based on observation, interview, and record review, the facility failed to honor a resident's preference to utilize a foot pedal for her wheelchair for 1 of 3 resident reviewed for resident rights. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 2/7/24 at 11:25 a.m. Diagnoses included embolism and thrombosis of other specified veins, recurrent, unsteadiness on feet, need for assistance with personal care, other abnormalities of gait and mobility, and unspecified fracture of shaft of right tibia (lower leg bone), subsequent encounter for closed fracture with routine healing.</p> <p>Her orders included fondaparinux sodium (blood thinner) 0.4 milliliter subcutaneously daily and weight bearing as tolerated to her right lower extremity.</p> <p>During an interview with Resident C, on 2/7/24 at 12:18 p.m., she indicated she had broken her right leg, it was swollen from the knee down, and she couldn't put the brace on it for her foot drop (unable to flex foot toward knee). She wanted to be able to put her foot up because of the swelling. They told her to elevate her leg and the only time she could do that was when she was in bed. The Administrator said she needed to use her right foot more, so she took the resident's right foot pedal off of her wheelchair and put it in her office. She walked in therapy, but not in her room, as she was not stable on her right leg.</p> <p>During an interview with the Administrator, on 2/7/24 at 12:53 p.m., she indicated Resident C came to the facility due to a broken ankle after a fall and she became very handicapped. She wouldn't do what therapy wanted her to do, and she kept saying she couldn't walk. She developed foot drop. She was full weightbearing and refused to walk in her room. She used her wheelchair for mobility, but she was very capable of using her walker according to the therapy department. She (the Administrator) took the wheelchair leg away from Resident C, since it was a therapy intervention to use that foot and leg.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Physical Therapist 2, on 2/7/24 at 2:52 p.m., he indicated Resident C came to the facility with a right fractured ankle. It healed, and she was now full weight bearing. She was self-limiting. She felt she had swelling in her leg, and it was still painful. When she felt good, she could walk around the room and had gotten to the point where she used a quad cane or a walker with stand-by assistance. She had good potential to get better, but she limited herself. She could be steady when she wanted to, but it was voluntary. She used the wheelchair for mobility. They didn't want her leg to be up on the leg rest, as they wanted her to use her leg to propel herself. She could put her leg up when she got back to her room. She had damage to a nerve which caused the partial foot drop, and she had been educated the advantage of using her legs while in her wheelchair.</p> <p>A current facility policy, dated 8/23/17, provided on the conference room table on 2/8/24 at 3:41 p.m., titled Resident Rights, indicated the following: .Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement</p> <p>This citation relates to Complaint IN00425927.</p> <p>3.1-3(u)(3)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>40241</p> <p>Based on observation, interview, and record review, the facility failed to ensure competent treatment for a pressure injury was completed according to physician's orders for 1 of 2 residents reviewed for wound care. (Resident D)</p> <p>Findings include:</p> <p>Resident D's clinical record was reviewed on 2/7/24 at 3:26 p.m. Diagnoses included methicillin susceptible staphylococcus aureus infection as the cause of diseases classified elsewhere, type 2 diabetes mellitus with diabetic neuropathy and peripheral vascular disease.</p> <p>His physician's orders included Santyl ointment (enzymatic debridement), apply to right heel topically daily. Wash wound with wound cleanser, pat dry, apply to wound bed, cover with nonstick pad, and wrap with Kerlix.</p> <p>He had an unstageable (full-thickness pressure injuries in which the base is obscured by slough and/or eschar) pressure ulcer to his right heel that measured 2.5 cm (centimeters) length by 3.5 cm width.</p> <p>During a wound care observation for Resident D, on 2/7/24 at 2:34 p.m., LPN 15 applied medical grade honey (autolytic debridement) with a gauze pad to the resident's pressure injury to his right heel. He covered the heel with an abdominal pad and wrapped his heel and ankle with gauze wrap.</p> <p>During an interview with LPN 15, on 2/8/24 at 10:16 a.m., he indicated he realized he used the wrong treatment for Resident C afterwards. He had no idea why he grabbed the medical honey and not the Santyl, but he did look at the order prior to completing the treatment.</p> <p>This citation relates to Complaint IN00427758.</p>

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>40241</p> <p>Based on interview and record review, the facility failed to ensure annual resident rights training was completed for 1 of 4 employees (the Administrator) reviewed for annual resident rights training.</p> <p>Findings include:</p> <p>Employee records were reviewed on 2/8/24 at 1:56 p.m. and indicated the following:</p> <p>The Administrator annual resident rights training was not completed.</p> <p>During an interview with the Administrator, with the Nurse Consultant present, on 2/8/24 at 3:22 p.m., she indicated a lot of the inservices had not opened yet. They opened according to the employee's hire date, but the employees should had completed last year's inservices.</p> <p>A current facility policy, dated 10/1/22, titled Employee Education, provided on the conference room table on 2/8/24 at 3:41 p.m., indicated the following: .Guidelines: The facility shall provide a Staff Education Plan in accordance with State and Federal regulations .4. The staff education plan shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas .e. Resident rights</p> <p>This citation relates to Complaint IN00425927.</p> <p>3.1-14(k)(1)</p>

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>40241</p> <p>Based on interview and record review, the facility failed to ensure required abuse training was completed for 2 of 4 employees reviewed for annual abuse training. (Administrator and LPN 12)</p> <p>Findings include:</p> <p>Employee records were reviewed on 2/8/24 at 1:56 p.m. and indicated the following:</p> <p>The Administrator's annual abuse training was not completed.</p> <p>LPN 12's annual abuse training was not completed.</p> <p>During an interview with the Administrator, with the Nurse Consultant present on 2/8/24 at 3:22 p.m., she indicated a lot of the inservices had not opened yet. They opened according to the employee's hire date, but the employees should had completed last year's inservices.</p> <p>A current facility policy, dated 10/1/22 and titled Employee Education, provided on the conference room table on 2/8/24 at 3:41 p.m., indicated the following: .Guidelines: The facility shall provide a Staff Education Plan in accordance with State and Federal regulations .4. The staff education plan shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas .c. Abuse</p> <p>This citation relates to Complaint IN00425927.</p>