

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 12/16/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32663</p> <p>Based on record review and interview, the facility failed to report a resident to resident altercation to the State Agency. (Resident F and Resident G)</p> <p>Findings include:</p> <p>During an interview on 12/16/24 at 12:31 p.m., Resident F indicated she was hit by another resident in the chest. Resident F indicated she was attempting to enter the dining room and Resident G was blocking the entry way. She asked Resident G to move and the other resident became aggressive. Resident F indicated she had a bruise on her chest as a result of being hit. Resident F indicated she hit Resident G in response and there were staff witnesses to the incident.</p> <p>Resident F's residential clinical record was reviewed on 12/16/24 at 1:16 p.m. The clinical record lacked indication of behavioral concerns.</p> <p>Resident G's nursing home clinical record was reviewed on 12/16/24 at 1:25 p.m. Diagnoses included depression, dementia, anxiety, schizoaffective disorder, and hypertension. The resident had a history of verbally aggressive behaviors.</p> <p>During an interview on 12/16/24 at 2:19 p.m., the Corporate Regional [NAME] President of Operations indicated the incident was not reported to the State Agency and it should have been.</p> <p>A current policy, dated 12/17/21, titled Abuse Prevention and Reporting-Indiana, provided by the Corporate Regional [NAME] President of Operations indicated the following:</p> <p>External Reporting Initial Reporting of Allegations: When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health shall be informed by electronic reporting into the IDOH Gateway, or if the Gateway is not functioning, will be reported by telephone or fax. Department of Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of property has been reported and being investigated.</p> <p>Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e. telephoning 911 where available) in the following situations:</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physical abuse involving physical injury inflicted on a resident by another resident except in situations where the behavior is associated with dementia or developmental disability.</p> <p>This citation relates to Complaint IN00449266.</p> <p>3.1-28(c)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32663</p> <p>Based on record review and interview and observation, the facility failed to ensure sanitary kitchen food storage and handling conditions. This deficient practice had the potential to effect 59 of 59 facility residents who received their meals from the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour with [NAME] 1, on 12/11/24 at 10:10 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> a. An open bag of sugar in a bin containing unknown particles of and trash in the bottom of the bin. b. Clean cups, bowls, and plates stored upright, exposing the eating surfaces. c. A cart holding clean dishes visibly soiled with dried food and splash stains. d. A bucket with dirty mop water and a mop leaning against the clean dishes rack. e. A cleaning bucket with used cleaning cloths stored under the oven. f. Soiled serving utensils on the preparation table. g. Dried spillage and trash over the surface of the floor. h. An open sleeve of bread on the preparation table with no open date on the packaging. i. An open, uncovered box of cream of wheat with no open date on the packaging. j. The three compartment sink with dried food at the bottom and around the drain. k. A cart with used breakfast dishes standing next to the clean dishes. l. An open and undated bag of stuffing. m. One 32-ounce bottle of concentrated lemon juice, received on 3/19, with no open date in the dry storage area. n. One opened bag of egg noodles received on 10/15, with no open date. o. A one-gallon bottle of syrup with no open date. p. A package of turkey breast lunch meat, dated as received on 12/10, with no open date, wrapped in foil. <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 - Many</p>	<p>q. One tub of chopped lettuce with no open date.</p> <p>r. The large floor drain with dried spillage, trash debris, and bits of food.</p> <p>s. The walls, sides of equipment and preparation tables were soiled with dried spillage.</p> <p>t. The trash container placed near the food preparation table with no lid.</p> <p>u. The ceiling vent over the food preparation table with visible dark black/brown matter hanging from vent.</p> <p>During a tour of the main dining room the following was observed:</p> <p>a. Counter tops with visible dried spillage.</p> <p>b. Floor with trash and food.</p> <p>c. Drink machines soiled with dark brown dried substance.</p> <p>d. Walls stained with dried dark brown substance.</p> <p>e. Warming table with dried substance on lids and unknown debris in water.</p> <p>f. Warming table left on and hot to touch.</p> <p>During the tour, [NAME] 1 indicated the warming tables had not been used since the evening meal the night before. The warming tables should have been turned off after use.</p> <p>During an interview on 12/11/24 at 10:10 a.m., [NAME] 1 indicated the kitchen should have been cleaned after each shift. The facility did not have a cleaning schedule. [NAME] 1 indicated staff tried to clean whenever they saw something that needed to be done. [NAME] 1 did not know the last time the kitchen had been cleaned.</p> <p>During an interview on 12/12/24 at 12:15 p.m., Dietary Aide 2 indicated she tried to wash out the cart if she was working. They just tried to trade off on what needed to be done. Whomever washed the dishes would mop the floor. There was no deep cleaning schedule. There used to be one, but the last manager took it down and never replaced it.</p> <p>During an interview on 12/13/24 at 10:14 a.m., [NAME] 3 indicated, after each meal, the kitchenette and dining room were wiped down and the floors mopped.</p> <p>During an interview on 12/13/24 at 1:00 p.m., the Corporate Regional Dietary Consultant indicated the kitchen staff needed more education on food handling and cleaning the kitchen. The facility was currently looking for a new food service manager. She did not know the last time the kitchen had been cleaned.</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 - Many</p>	<p>A current policy, dated 2020, titled Handling Leftover Food was provided by Administrator on 12/12/24 at 1:33 p.m The policy indicated the following: .Guideline: Leftover food will be properly handled, cooled, and stored to ensure food safety minimal waste. 4. Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of first use. 5. Refrigerator leftovers stored beyond 72 hours shall be discarded.</p> <p>A current policy, dated 2020, titled Cleaning Rotation was provided by Administrator on 12/12/24 at 1:33 p.m The policy indicated the following:</p> <p>Guidelines: Equipment and utensils will be cleaned and sanitized according to the following guidelines, or manufacture's instructions. Procedure: 1. Items cleaned and sanitized after each use: Work tables and counters 2. Items cleaned daily: stove top .Kitchen and dining room floors Mop and mop buckets, Steam table, Hand washing sink, Food carts, Pot and pan sink 3. Items cleaned weekly: filters, Coffee machine .4. Items cleaned monthly: Ingredient bins Walls</p> <p>A current policy, dated 2020, titled Food Storage (Dry, Refrigerated, and Frozen), provided by Administrator on 12/12/24 at 1:33 p.m., indicated the following: Procedure: 1. 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.</p> <p>This citation relates to Complaint IN00448904 and IN00448992.</p> <p>3.1-21(i)(3)</p>		