

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  02/13/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>40339</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be protected from sexual abuse perpetrated by an employee engaging in sexually-toned conversations and behavior for 1 of 1 resident reviewed for sexual abuse. (Resident B)</p> <p>Findings include:</p> <p>A facility reportable document, dated 2/3/25 at 6:01 p.m., indicated it was reported to the DON and the Administrator that an employee, CNA 3, was texting Resident B inappropriate pictures. The employee was suspended and an investigation was initiated.</p> <p>During an interview on 2/13/25 at 12:45 p.m., Resident B indicated he had received pictures from CNA 3. He was okay with their relationship. He had no concerns with the situation except the CNA lost her job. He managed his own money and had given CNA 3 \$50.00, but this was not for the photos. He had not asked her to send them to him, but he had not minded receiving them. CNA 3 and her husband had come to the facility to take him to a department store to buy a phone card, but were stopped by facility staff from transferring him into their vehicle.</p> <p>A clinical record review for Resident B was completed on 2/13/25 at 11:36 a.m. Diagnoses included history of stroke causing hemiplegia on the left side of his body, seizures, mild vascular dementia, and major depression.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/21/25, indicated Resident B was cognitively intact.</p> <p>During an interview on 2/13/25 at 3:35 p.m., the DON indicated the presence of the inappropriate photos were found when CNA 5 was asked by Resident B to help retrieve his photos on his phone. She assisted him and observed a naked photo of CNA 3. The resident then showed her two other photos that CNA 3 had sent to him. The DON received a call from LPN 6 and the photos were reported to her. The DON then received a call from a staff member reporting CNA 3 and her husband were attempting to get Resident B into their truck. The DON instructed staff to not allow the resident to leave the facility in CNA 3's personnel vehicle and to let Resident B know they would take him to the department store in the facility's vehicle at an arranged time.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/13/25 at 3:51 p.m., the Administrator indicated Resident B declined to indicate why he had given CNA 3 the fifty dollars, and why he was going to the department store with CNA 3 and her husband. The resident was forthcoming in providing the pictures for the investigation and were included in the investigation file.</p> <p>A review of the investigation file was completed on 2/13/25 at 11:59 a.m., and included staff statements, copies of photos, and questionnaires of like-residents interviewed following the notification of the photos. The filed contained three copied photos. One was a close up of a woman's vagina with the ability to identify CNA 3 based on a tattooed hand in the photo holding the vagina, a full length picture of CNA 3 without clothing, and a photo of an erect penis.</p> <p>A review of CNA 3's employee file on 2/13/25 at 12:18 p.m., included a valid CNA certification, two reference requests with no responses, and a background check completed prior to her start date of 7/2/24. The record indicated she completed training titled, Abuse, Neglect and Exploitation on 7/3/24.</p> <p>A current facility policy, revised 5/4/22 and titled, Abuse Prevention and Reporting - Indiana, provided by the DON on 2/13/25 at 4:00 p.m., included the following: .Guidelines: The resident has the right to be free from abuse Definitions: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish .It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitation or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm</p> <p>This Federal tag relates to complaints IN00452700 and IN00453347.</p> <p>3.1-27(a)(1)</p>		