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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155820 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>07/07/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Aperion Care Lincoln |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1236 Lincoln Ave<br>Evansville, IN 47714 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to ensure dignity was provided for 1 of 1 observations of meal trays passed. Staff were observed to enter resident rooms without knocking or announcing themselves. ( room [ROOM NUMBER], Resident F)</p> <p>Finding includes:</p> <p>On 7/3/25 at 10:14 a.m., resident council minutes dated 5/29/25 were reviewed and included a complaint of staff not knocking or introducing themselves before entering the room.</p> <p>On 7/7/25 at 12:34 p.m., CNA 2 was observed to deliver lunch trays to room [ROOM NUMBER], 211, 213, 214, and 216. CNA 2 did not knock or announce herself before walking in the rooms.</p> <p>On 7/7/25 at 1:10 p.m., CNA 3 indicated before delivering a meal tray to a resident in their room, you should knock and let them know you have food for them.</p> <p>On 7/7/25 at 2:41 p.m., the Administrator provided the current policy on resident rights with a revision date of 4/23/18. The policy included but was not limited to: .The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or hers individuality.protecting and valuing resident's private space (for example, knocking on doors and requesting permission before entering, closing doors as requested by the resident) .</p> <p>This citation relates to Complaint IN00462420.</p> <p>3.1-3(t)</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to provide food that was served at an appetizing temperature for 1 of 1 meal tested on unit 200. ( Unit 200, Resident F)</p> <p>Finding includes:</p> <p>On 7/3/25 at 8:55 a.m., Resident F indicated food was not always served hot, it was sometimes ice cold depending on what time it was delivered to her.</p> <p>On 7/7/25 food temperatures were taken on the 200 unit for the noon meal. The temperature of the herb roasted pork loin was 115, stuffing 85, peas 79.</p> <p>On 7/7/25 at 2:41 p.m., the Administrator provided the current guideline and procedure for monitoring food temperatures for meal service with a date of 2020. The guidelines included but were not limited to: Food temperatures will be monitored to prevent foodborne illness and ensure foods are served at a palatable temperature .8. meals that are served on room trays may be periodically checked at the point of service for palatable food temperatures. Food temperatures of hot foods on room trays at the point of service are preferred to be at 120 F (Fahrenheit) or greater to promote palatability for the resident. Any complaint regarding food temperatures by residents will be documented on the Food Temperature Log. Complaints will be investigated by conducting a test tray for that meal to determine if foods are remaining above 120 F. The investigation is recommended to be completed within 72 hours of the complaint .</p> <p>This citation relates to Complaint IN00462420.</p> <p>3.1-21(a)(2)</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner in accordance with professional standards for food service safety for 2 of 2 observations of the kitchen. Floors were soiled, food unlabeled. (Kitchen)</p> <p>Findings include:</p> <p>On 7/3/25 at 8:17 a.m., during observation of the kitchen the following was observed:</p> <ol style="list-style-type: none"> <li>1. The walk in freezer contained partially used bags of breaded chicken, mixed vegetables, and garlic bread. The bags were unlabeled.</li> <li>2. The floor behind the stove and deep fryer, stainless steel table that contained a sink had soil buildup and debris.</li> </ol> <p>On 7/3/25 at 8:21 a.m., the Dietary Manager indicated the floors under equipment are usually cleaned once a week.</p> <p>On 7/7/25 at 1:00 p.m., the floors were observed to still be soiled. The walk in freezer contained a box of fish squares that were open to air, unsealed.</p> <p>On 7/7/25 at 1:06 p.m., Dietary Aide 2 indicated when food is opened, it is put in a plastic bag with the open date and dated 30 days out.</p> <p>On 7/7/25 at 2:41 p.m., the Administrator provided the current policy on labeling and dating foods with a date of 2020. The policy included but was not limited to: .Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines, or by the manufacture's expiration date .</p> <p>On 7/7/25 at 2:41 p.m., the Administrator provided the current cleaning rotation and cleaning instructions for floors with a date of 2020. The guidelines included but were not limited to: .items cleaned daily: kitchen and dining room floors .Floors will be kept clean and sanitary, washed daily or as needed .</p> <p>This citation relates to Complaint IN00462420 and IN00462798.</p> <p>3.1-21(i)(3)</p> |   |  |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to maintain complete and accurate records, quarterly assessments were completed and documented in the clinical record. The Facility elopement risks were not documented in the clinical record. (Resident E)</p> <p>Finding includes:</p> <p>On 7/7/25 at 9:08 a.m., Resident E's clinical record was reviewed. Diagnoses included but were not limited to, unspecified dementia, unspecified severity, with other behavioral disturbance, cognitive communication deficit. A quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated Resident E's cognition was severely impaired, uses walker, once standing, the ability to walk at least 150 feet in a corridor or similar space, supervision or touching assistance, helper provides verbal cues or touching/steadying assistance as resident completes activity.</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>Resident is at risk for elopement per elopement risk assessment, initiated 4/27/23, revision 8/22/24.</p> <p>Interventions included: reassess elopement risk at least quarterly, initiated 4/27/23, revision 3/7/24.</p> <p>A progress note dated 2/1/25 at 2:22 p.m. indicated Resident E's behavior as wandering around the facility the entire shift asking where her room was, staff redirected her to her room and she came out of her room again within 30 seconds asking where her room was.</p> <p>A progress noted dated 2/3/25 at 4:01 p.m., indicated no observed behaviors, or excessive wandering, nurse practitioner was notified and resident placed on a list to be seen on 2/4/25, staff continued to monitor, continue with the current plan of care.</p> <p>A progress note dated 6/13/25 at 3:44 p.m., indicated Patient wondered (sic) off the floor took a flight of stairs to the ground floor living (sic) her walker on the stair case. Patient stated that she was going for a basketball game. Patient was found outside the building by a co worker. Head count done at that time. Patient brought back inside the building placed on a wander guard monitor on her left lower extremity per nursing supervisor instruction. Examined resident and no bruises noted. Patient denies of falling any where during the episode of her going out of the building(sic). We'll continue to monitor patient throughout the shift. Will notify family and physician.</p> <p>July 2025 physicians orders were reviewed and included but were not limited to:</p> <p>Wanderguard for decreased safety awareness. Check placement and function every shift, order date 6/13/25.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 7/7/25 at 1:14 p.m., the Administrator indicated the Regional Nurse Consultant looked back on emails and in May of 2025 she was doing paper elopement risk assessments, but can't find where it was transcribed onto the clinical record, nor find the paper copy. The Administrator indicated she did not find a elopement risk assessment in the clinical record except for the one done in June of 2025 after Resident E eloped, assessments should be done at least quarterly and if a significant change, one should have been done after the 2/1/25 incident of wandering around the facility.</p> <p>On 7/7/25 at 2:41 p.m., the Administrator provided the current policy for resident assessment with a revision date of 4/18/22. The policy included but was not limited to: Purpose: To gather comprehensive information as a basis for identifying resident problems/needs and developing or revising and individual plan of care .d. Elopement risk- to identify resident at risk for elopement and ensure appropriate interventions are implemented if identified risk. Complete a new assessment after any actual or attempted elopement, or if exit seeking behaviors are identified .</p> <p>This citation relates to Complaint IN00462420.</p> <p>3.1-50(a)(1)</p> |   |  |