

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Aperion Care Lincoln		STREET ADDRESS, CITY, STATE, ZIP CODE 1236 Lincoln Ave 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review, the facility failed to ensure adequate pharmaceutical services were available to provide physician prescribed routine medications for 2 of 3 residents reviewed for pharmaceutical services. Residents routine medications were not readily available from the pharmacy to be administered per the physician orders. (Resident C, Resident D)Findings include:1. During an interview on 2/4/26 at 9:25 A.M., Resident C indicated that she had recently not received her routine antianxiety medication due to the facility running out of the medication.During record review on 2/4/26 at 9:40 A.M., Resident C's diagnoses included, but were not limited to depression and anxiety. Resident C's physician orders included but were not limited to; Ativan 1 milligram (mg) 1 tablet three times daily (started 12/19/24). Resident C's January 2026 Medication Administration Record (MAR) indicated the order for Ativan 1 mg three times daily was not documented as administered on 1/27/26 for the 2:00 P.M. and 8:00 P.M. dose. Resident C's nurse's progress notes on 1/27/26 included but were not limited to:1/27/26 at 1:13 P.M. - Order Administration Note - Ativan Oral Tablet 1 mg related to anxiety disorder - Pharmacy waiting on new script. Nurse notified. 1/27/26 at 9:52 P.M. - Order Administration Note - Ativan Oral Tablet 1 mg related to anxiety disorder -Pharmacy aware of need for medication.2. During an interview on 2/4/26 at 11:35 A.M., Resident D indicated that she often does not have medications available or that the nursing staff is unable to find her medications. During record review on 2/4/26 at 1:00 P.M., Resident D's diagnoses included but were not limited to vitamin deficiency, cerebral palsy, and reduced mobility. Resident D's physician orders included, but were not limited to multivitamin women's tablet, one tablet one time a day for supplement (started 9/9/25), Replens gel, insert application vaginally one time a day for vaginal lubricant (started 9/9/25), and Chlorzoxazone oral tablet 500 mg four times a day (started 1/7/26). Resident D's January 2026 Medication Administration Record (MAR) indicated the order for multivitamin women's tablet, one time a day for supplement was not administered on 1/22/26. Replens gel, insert application vaginally one time a day for vaginal lubricant was not administered on 1/9/26, 1/14/26, 1/21/26, and 1/31/26. Chlorzoxazone oral tablet 500 mg four times a day was not administered on 1/7/26, 1/16/26, 1/17/26, 1/18/26, 1/19/26, 1/20/26, 1/21/26, and 1/22/26. Resident D's nurses progress notes included, but were not limited to:1/7/26 - Orders - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/9/26 - Orders - Administration Note - Replens gel - suppository on order1/14/26 - Orders - Administration Note - Replens gel - on order1/16/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/17/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/18/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/19/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/20/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - pending pharmacy arrival1/21/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - not available1/21/26 - Orders - Administration Note - Replens gel - on order1/22/26 -</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155820
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Orders - Administration Note - multivitamin women's tablet - waiting on pharmacy to deliver 1/22/26 - Administration Note - Chlorzoxazone oral tablet 500 mg - waiting on pharmacy to deliver 1/31/26 - Orders - Administration Note - Replens gel - out of Replens. Replens reordered this morning. During an interview on 2/4/26 at 1:30 P.M., RN 7 indicated it was the nurse's responsibility to reorder resident medications prior to the medication running out. On 2/4/26 at 1:55 P.M., the Facility Administrator supplied a facility policy titled, Pharmaceutical Services, dated 12/2015. The policy included, .9. Resident's may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: .c. Refills prescription drugs when needed, in order to prevent interruption of drug regimens. This citation relates to intake 2713960.3.1-25(a)</p>		