

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  03/26/2026
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure employees held an active license required to provide nursing care to residents. An employee did not have an active nursing license that provided care to residents. (100 unit, 200 unit) This deficient practice was corrected on November 3, 2025, prior to the start of the survey, and was therefore past noncompliance. Finding includes: On 3/25/26 at 11:15 a.m., an employee file for LPN 2 (Licensed Practical Nurse) was reviewed. The file did not contain documentation of a license for a Licensed Practical Nurse. LPN's hire date was 9/30/25, termination date 11/1/25. On 3/25/26 at 11:50 a.m., the Administrator indicated the facility was unable to verify LPN 2 had an active nursing license, she was hired without verifying she held a license, was sent home on [DATE] after she could not verify she held a nursing license. On 3/26/26 at 9:52 a.m., the Administrator indicated LPN 2 worked on all units in the facility during her employment. The Administrator indicated LPN 2 worked on the following dates: 10/7/25- 10/10/25- orientation Worked on her own: 10/14/25 10/15/25 10/16/25 10/18/25 10/19/25 10/20/25 10/21/25 10/22/25 10/24/25 10/28/25 10/29/25 10/30/25 11/1/25 3/26/26 at 10:16 a.m., the Administrator provided a page from the employee handbook with a date of 01/2023. The document included but was not limited to: .Proof of current status must be submitted upon application for employment and at least annually thereafter . On 3/26/26 at 10:39 a.m., the Administrator provided an undated policy titled Indiana Licensed Practical Nurse (LPN) Role Policy. The policy included but was not limited to: .Delegation and Accountability- The LPN accepts assignments consistent with education, training, and competency. The LPN is accountable for the safe performance of assigned nursing care. The LPN adheres to established standards, policies, and procedures . Professional Standards- Established nursing standards of care, Ethical principles of nursing practice, Facility policies and procedures, Applicable state laws and regulations . On 3/25/26 at 2:25 p.m., the Administrator provided the facility job description dated 5/2/17, for a Licensed Practical Nurse. The job description included but was not limited to: .Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements below are representative of the knowledge, skill, and/or ability required. Licensed Practical Nurse with current unencumbered state license .This deficient practice was corrected by November 3, 2025 after the facility implemented a systemic plan that included the following actions: The unlicensed employee was terminated from employment, all other licensed staff members were reviewed for current licenses, all licensed staff were inserviced using the personnel handbook, and the policy for verification of license status prior to hire. The plan for ongoing review and monitoring was in place. This citation relates to Intake 2806016. 410 IAC (Indiana Administrative Code) 16.2-3.1-14(s)</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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