STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155820	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Lincoln	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was admitted with pressure ulcers was provided care and services to promote healing for 1 of 3 residents reviewed for pressure ulcers. (Resident D)Finding Includes: On 4/9/26 at 9:35 a.m., Resident D was observed in his room sitting in a power wheelchair. Resident D indicated he thought he had been at the facility for three weeks or longer. On 4/9/26 at 10:16 a.m., Resident D's clinical record was reviewed. The diagnoses included, but were not limited to, traumatic brain injury, paraplegia, complete traumatic amputation of lower leg, and cognitive communication deficit. A Hospital After Visit Summary, dated 3/11/26 through 3/22/26, indicated throughout the admission, Resident D was supported with specialty beds and wound care for pressure injuries.The Facility Admission/readmission Observation document, dated 3/23/26 at 3:55 p.m., was reviewed and included but was not limited to, right trochanter (hip) stage 2 pressure ulcer.An admission Checklist form, dated 3/24/26, was reviewed and included but was not limited to, wound care to right great toe and right second toe with betadine (a broad spectrum anti-septic used to prevent infections)An admission Minimum Data Set (MDS) assessment, dated 3/26/26, indicated Resident D's cognition was intact, no pressure ulcer/injury, scar over bony prominence, or a non- removable dressing/device. Resident D admitted to the facility on [DATE]. The Care Plans included, but were not limited to: Potential for impairment to skin integrity, initiated 3/25/26. The interventions included, but were not limited to, assess/record changes in skin status, initiated 3/25/26. Pressure ulcer right great toe, initiated 4/8/26. The interventions included, but were not limited to, administer treatments as ordered and monitor for effectiveness, weekly treatment documentation to include measurement of each area of skin breakdowns width, length, depth, type of tissue and exudate, initiated 4/8/26. Physician orders for March - April 2026 were reviewed and included but were not limited to:Pillow boot to right foot, one time a day for wound, initiated 4/8/26.Iodine to right second and right great toe wounds daily, one time a day, initiated 4/7/26.Wound assessment notes were reviewed and included but were not limited to:Right first toe, facility-acquired, unsteagable pressure ulcer, date identified 4/7/26.Skin Assessment Report documents, dated 3/25/26 and 4/1/26, were reviewed and indicated Resident D had a surgical wound incision to the right shoulder, no other skin impairments were documented. On 4/9/26 at 11:16 a.m., the DON indicated the admission checklist dated 3/24/26 was an internal document the facility used to check off things that were done on a resident's admission. The DON indicated she saw the comments section that listed the skin areas to the buttock and toes but it was not followed up on. On 4/9/26 at 11:21 a.m., LPN 2 indicated she was Resident D's admitting nurse. LPN 2 indicated she filled out the facility admission/readmission form. LPN 2 had gotten in report from the hospital that Resident D had a stage 2 pressure ulcer to his right hip. She indicated she did not visualize his skin because he did not want to get in bed yet. LPN 2 indicated she documented the skin issues she got in report from the discharging facility. LPN 2 indicated she passed on the information to the night nurse that Resident D needed a skin assessment when he went to bed.On 4/9/26 at 1:42 p.m., Resident D's right hip was observed. The hip had what appeared to be pink scar tissue with a dry callous in the middle, no open areas were observed. Resident D indicated he had this (continued on next page)

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

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 04/09/2026
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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	area for a long time due to his condition. On 4/9/26 at 1:55 p.m., the DON indicated the nurses should have documented Resident D's right hip on the skin assessments. On 4/9/26 at 2:05 p.m., the DON indicated the expectation was the admitting nurse should have done the skin assessment, if she could not, the next nurse on duty should have, it should have been discussed the next day in report between the nurses, there was an internal communication board where it should have also been discussed. On 4/9/26 at 1:53 p.m., the Administrator provided the current policy on skin condition assessment & monitoring pressure and non-pressure, revised 6/8/18. The policy indicated pressure and other ulcers would be assessed and measured at least weekly by licensed nurse and documented in the resident's clinical record. A skin condition assessment and pressure ulcer risk assessment would be completed at the time of admission/readmission. A wound assessment would be initiated and documented in the resident chart when pressure and/or other non-pressure skin conditions were identified by licensed nurse.On 4/9/26 at 1:53 p.m., the Administrator provided the current policy for assessment of resident, revised 4/18/22. The policy indicated to measure any areas of redness or skin breakdown on extremities or other skin surfaces, a skin condition report would be completed in conjunction with any wound, skin breakdown, or pressure ulcer.On 4/9/26 at 1:53 p.m., the Administrator provided the current undated policy on admission of resident. The policy indicated to conduct a head to toe nursing assessment of body systems, parts, and surfaces identifying functional status abilities, needs, or problems and measure any area of redness or skin breakdown on extremities or other skin surfaces.This citation relates to Intake 2965437 and 2968109. 410 IAC (Indiana Administrative Code) 16.2-3.1-40(a)(2)

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 04/09/2026
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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, and record review, the facility failed to maintain a safe, sanitary, and homelike environment in resident spaces on 1 of 2 units observed. (100 unit) Findings include: On 4/8/26 at 9:37 a.m., the following was observed on the 100 Unit: The stairs leading up to the 100 Unit were observed to have debris build up on the surface and in the corners, a folded up band-aid was lying on the steps. The common area wall by the stairwell, and a wall across from a room marked medical suite had cove base coming off the walls.Dirt was built-up under the water fountains.The double fire doors on the unit had dirt build up around the door frames and wall.The hallways on the unit had dirt build up in the corners and around door frames to resident rooms.A room that contained a fireplace and piano had soiled stained carpets. A kitchenette by the main dining room had debris on the floor, debris under a metal storage rack, and a large dead bug under the rack.The outside of the trashcan was soiled, the inside of the refrigerator was soiled with a black and red substance throughout. The freezer had ice buildup. The two nurses' stations on the unit had debris buildup on the floor under the desk and around the walls. On 4/8/26 at 1:30 p.m., the Resident Council Meeting minutes were reviewed and included, but were not limited to:On 1/27/26, the Resident Council indicated rooms were not being cleaned well, bathrooms were being left dirty, toilets were not being cleaned.On 2/26/26, the Resident Council indicated the floors were not being cleaned well especially the edges along the walls and in the corners.On 4/9/26 at 9:11 a.m., the same was observed on the 100 Unit. On 4/9/25 at 2:45 p.m., the Housekeeping Director indicated floors were supposed to be mopped daily in the resident rooms and throughout the units. On 4/9/26 at 1:53 p.m., the Administrator provided the current undated housekeeping services policy. The policy indicated the faciltiy was to maintain a clean, odor free, comfortable, and orderly environment in all health care and public areas.This citation relates to Intakes 2965437, 2968109, 2969673. 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)