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	05/22/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure residents were provided bathing on their scheduled days for 2 of 5 residents reviewed for bathing. (Resident F, Resident T) Findings include: 1. Random observation on 5/20/26 at 11:00 A.M., Resident F was observed sitting in a wheelchair with greasy hair, unshaven face, and dark substance coming out of his nose. Random observation on 5/21/26 at 1:30 P.M., Resident F was observed lying in bed with greasy hair, an unshaven face, emesis in the bed and floor, and dried feces in the sheets. On 5/19/26 at 9:47 A.M., Resident F's clinical record was reviewed. Diagnoses included but were not limited to hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, anxiety, and depression.The current Quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated Resident F was cognitively impaired. Resident F was dependent on bathing. The Point of Care (POC) Task for Certified Nurse's Aide (CNA) was reviewed from 4/22- 5/20/26. The scheduled nights were Monday, Wednesday, and Friday. night per resident's preference. The resident did not receive showers on the following nights:5/13/26, 5/18/26. Was sent to the hospital on 5/15/26.2. On 5/19/26 at 9:17 A.M., Resident T's clinical record was reviewed. Diagnosis included, but was not limited to, chronic obstructive pulmonary disease.The current Annual MDS assessment dated [DATE], indicated Resident T was cognitively intact. Resident T was dependent on bathing.The Point of Care (POC) Tasks for CNA's were reviewed from 4/22- 5/20/26. The scheduled days for showering were Tuesday, Thursday, and Saturday evening per resident's preference. The resident did not receive showers on the following evenings: missed on 5/2, 5/9, and 5/12/26.Interview on 5/21/26 at 10:10A.M., with the DON, she indicated that some showers were missed on evenings especailly on the evening.Interview on 5/21/26 at 3:30 P.M., the Director of Nursing indicated she could not find the shower documents for the days that were not documented in the CNA tasks that were reviewed.On 5/22/26 at 3:08 P.M., the Administrator provided a current policy Shower and Tub Bath revised on 1/31/18. The policy indicated .a shower, tub bath, bed/sponge bath will be offered according to resident's preference two times a week or according to resident's preferred frequency and as needed or requested .document bathing task and assistance provided in the electronic record, including pertinent observations .This citation relates to Intake 2985807 and 2988173410 Indiana Administrative Code (IAC) 16.2-3.1-38(b)(2)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was served under sanitary conditions for 2 of 2 random observations. An ice scoop was located on top of the ice machine without a cover, food was left uncovered on the steam table prior to food service, and staff touched food with contaminated gloves while serving lunch. (Dietary Pantry and Dining Room)Findings include: 1. Continuous random lunch observation in the first-floor dining room on 5/18/26 at 11:58 A.M., staff were observed placing food trays in the steam table. The food was not covered. The food included chicken, potatoes, carrots, mashed potatoes, gravy, rolls, hot dogs, and cheeseburgers. The food remained uncovered until staff put lids over the food at 12:10 P.M. At 12:16 P.M., [NAME] 7 put on gloves, touched a towel, the tray tops, serving ware, and her face. At 12:19 P.M., [NAME] 7 began plating food without changing gloves. She placed rolls onto plates using her hand. Plating continued in that way until 12:33 P.M. when [NAME] 7 began to use tongs to plate the rolls. Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that staff should not touch food at all while serving food and that the appropriate kitchen tools should be used to serve food items to residents. At that time, the DON indicated food should be covered on the steam table prior to serving. 2. On 5/22/26 at 11:51 A.M., during a random observation of the Dietary Pantry the ice scoop for the facility ice machine was observed sitting on the top of the machine in a without an appropriate cover. Interview on 5/22/26 at 2:00 P.M., the Director of Nursing indicated ice scoops should be covered at all times when not in use. On 5/22/26 at 3:05 P.M., the Administrator provided a current, non-dated policy Ice Handling and Cleaning. The policy indicated .scoops will be stored in a protected manner to ensure the scoop handle does not make contact with the ice. All designated ice containers will be cleaned/sanitized at least daily . On 5/22/26 at 3:15 P.M., the Administrator provided a current undated Use of Disposable Gloves policy that indicated Utensils only should be used when serving food – do not use gloves during meal service . Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed. This citation relates to intake 3009260. 410 Indiana Administrative Code (IAC) 16.2-3.1-21(i)(2)410 IAC 16.2-3.1-21(i)(3)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure infection control practices and standards were followed for 4 of 4 residents observed during medication administration (Resident S, Resident R, Resident L, and Resident K) and 2 random observations of wound care (Resident G and Resident H). The rubber injectable port for insulin was not cleaned prior to placing the needle on the insulin pen. The resident's arm was not cleaned with alcohol prior to insulin administration. Vital sign equipment was not cleaned in between residents. Gloves were not changed between touching contaminated surfaces and clean surfaces. A gown was not worn while providing care for a resident who required Enhanced Barrier Precautions (EBP). Findings include:1. On 5/21/26 at 7:24 A.M., Registered Nurse (RN) 3 was observed preparing medications for Resident S. RN 3 put on gloves, touched the medication cart, the computer, and the water jug. Without changing her gloves, RN 3 obtained two medication cards from the medication cart drawer, popped one tablet from each card into her hand, and placed them in a medication cup.Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that medication should be popped directly into the medication cup and never touched with a bare or gloved hand.2. On 5/21/26 at 7:35 A.M., Registered Nurse (RN) 3 was observed preparing a Basaglar Kwikpen (a long-acting insulin) for Resident R. RN 3 did not clean the rubber seal with an alcohol swab before attaching the insulin needle to the pen. RN 3 entered the room and administered 12 units of insulin glargine to Resident R's left arm. RN 3 did not clean Resident R's arm with an alcohol swab prior to administering the insulin.On 5/22/26 at 10:25 A.M., the insert for the Basaglar Kwikpen, revised 11/29/23, was reviewed. The insert indicated Step 1: Pull the Pen Cap straight off . Wipe the Rubber Seal with an alcohol swab . Wipe the skin with an alcohol swab, and let the injection site dry before you inject your dose.Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that staff should clean the rubber seal port on an insulin pen before attaching a needle, and that staff should clean the injection site with an alcohol swab prior to administering insulin.3. On 5/21/26 at 7:52 A.M., Qualified Medication Aide (QMA) 17 was observed taking Resident L's blood pressure using a wrist cuff. On 5/21/26 at 8:10 A.M., QMA 17 was observed taking Resident K's blood pressure using a wrist cuff. QMA 17 did not clean the blood pressure cuff after taking Resident L's blood pressure and prior to taking Resident K's blood pressure.Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that staff should clean vital sign equipment including blood pressure cuffs in between each resident.4. On 5/18/26 at 10:18 A.M., Registered Nurse (RN) 17 was observed providing wound care to Resident G. RN 17 was not wearing a PPE (personal protective equipment) gown.On 5/20/26 at 10:37 A.M., Resident G's clinical record was reviewed. Diagnoses included, but were not limited to, peripheral vascular disease.The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 3/7/26, indicated Resident G had mild cognitive impairment, required substantial to maximal assistance of staff (staff does more than half the work) for transferring, and had one venous ulcer.An active wound report indicated that Resident G had a venous statis ulcer on the front of her left lower leg that was identified on 12/16/25 and last assessed on 5/19/26.Physician orders included, but were not limited to:Enhanced Barrier Precautions (EBP) related to wound, dated 2/10/26Current care plans included, but were not limited to:Enhanced barrier precautions related to chronic wounds, dated 4/9/26Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that EBP was required if a resident had a wound. Staff wore a gown and gloves for residents with an EBP order while providing high contact care for that resident.5. Random observation on 5/21/26 at 7:46 A.M., Licensed Practical Nurse (LPN) 15 was observed performing a dressing change for a wound on Resident H's leg. LPN 15 was sitting on the floor with gloves on. LPN 15 touched the floor and then the resident's leg without changing gloves.Interview on 5/22/26 at 11:41 A.M., the Director of Nursing (DON) indicated that staff should change gloves between dirty and clean tasks.On 5/22/26 at 3:15 P.M., the Administrator provided a current Glove Use - Nursing policy, dated 1/31/18, that indicated Gloves used for contact shall be removed and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	discarded after contact with each person, fluid item, or surface.On 5/22/26 at 3:15 P.M., the Administrator provided a current undated Medication Administration General Guidelines policy that indicated The person administering medications adheres to good hand hygiene.On 5/22/26 at 3:15 P.M., the Administrator provided a current Insulin Pen Procedure policy, dated 8/4/20, that indicated Wipe the rubber stopper with an alcohol wipe. Attach a new pen needle onto the insulin pen.On 5/22/26 at 3:15 P.M., the Administrator provided a current Enhanced Barrier Precautions policy, dated 5/7/24, that indicated Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following:.chronic wounds . Examples of chronic wounds include, but are not limited to:.venous statis ulcers . For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities.wound care.This citation relates to intake 3009260.410 Indiana Administrative Code (IAC) 16.2-3.1-18(b)(1)410 IAC 16.2-3.1-18(l)