

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/14/2026
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe, sanitary, and homelike environment in resident spaces for 2 of 2 units observed. (100 unit, 200 unit) Findings include: On 7/13/26 at 9:49 a.m., the following was observed on the 100 Unit: A wall across from a room marked medical suite had loose cove base. The wall beside room [ROOM NUMBER] and double unit doors had loose cove base. 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 had soiled stained carpets. A kitchenette by the main dining room had dirt built up around walls and under the cabinet, around the refrigerator. A black cart with 3 shelves in the dining room was observed with dirt/debris in the grooves of both handles. The two nurse's stations on the unit had dirt buildup on the floor under the desk and around the walls. A green recliner by room [ROOM NUMBER] had stained fabric, a chair by room [ROOM NUMBER] with a blue fabric seat was stained. Wallpaper was coming off the wall by room [ROOM NUMBER]. On 7/13/26 at 12:33 p.m., the floor under the desk at the 200 unit nurses station was observed to have dirt/debris. On 7/13/26 at 1:25 p.m., the library on the 200 unit was observed to have dusty bookcase shelves, dirt around wall edges, and edges of bookcases, cove base coming off of walls. On 7/13/26 at 2:23 p.m., the Housekeeping director indicated floors are mopped daily on the units. On 7/13/26 at 2:44 p.m., the Administrator provided the current undated housekeeping services policy. The policy indicated the facility was to maintain a clean, odor free, comfortable, and orderly environment in all health care and public areas. This citation relates to Intake 3045014.410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)		

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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