

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER APERION ESTATES PERU, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 1200 KITTY HAWK DRIVE PERU, IN 46970
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00396034.</p> <p>Complaint IN00396034 - Substantiated. State deficiencies related to the allegations are cited at R0036.</p> <p>Survey date: December 6 & 7, 2022</p> <p>Facility number: 013327</p> <p>Residential Census: 33</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 12/14/22.</p>	R 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. The documentation serves to confirm the facility's allegation of compliance.</p> <p>Thus, the facility respectfully requests the granting of paper compliance.</p>	
R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency</p> <p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed:</p> <p>(1) a significant decline in the resident ' s physical, mental, or psychosocial status; or</p> <p>(2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on interview and record review, the facility failed to notify a resident's physician and emergency contact regarding a significant change in condition and hospitalizations for 1 of 3 residents reviewed for notification, (Resident A).</p> <p>Findings include:</p>	R 0036	<p>1. Resident A was assessed with no negative findings. Physician and family were already aware.</p> <p>2. Director of Nursing verified last 3 months of transfers to the hospital for a change in condition</p>	01/03/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michelle Hinze	Executive Director	01/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>On 12/6/22 at 5:00 P.M., the Administrator provided the list of residents who were transferred or discharged in the past 90 days. The list indicated Resident A had been transferred to the hospital on 11/11/22 and 11/29/22.</p> <p>On 12/7/22 at 12:35 P.M., Resident A's Clinical Records were reviewed. The Admission Record indicted the resident was initially admitted to the facility on 5/19/17 with diagnosis that included, but were not limited to: hypertension, anxiety, chronic obstructive pulmonary disease, and gastro-esophageal reflux disease.</p> <p>Review of Resident A's hospital records dated 11/12/22 at 7:01 A.M., indicated the resident was seen in the Emergency Room (ER) for increased shortness of breath, wet cough, sore throat, and trouble swallowing food.</p> <p>Review of Resident A's Shower Documentation Sheet dated 11/11/22 indicated, "...Refused [shower] 'stated her throat hurt to swallow.' Paged me [nurse] at 6:00 A.M. crying she had wet on herself she was having difficulty breathing. Told me she wanted to and [an] ambulance [ambulance] took her...."</p> <p>Review of Resident A's Shower Documentation Sheet dated 11/12/22 indicated, "...family notified via voice mail to [son] of transport...."</p> <p>Review of Resident A's hospital records dated 11/29/22 at 9:14 P.M., indicated the resident was seen in the Emergency Room (ER) for "...Stroke-like symptoms: Presented with right-sided arm weakness...CT [Computer Tomography] perfusion showed evident of left-sided CVA [cerebral vascular accident]..."</p>		<p>the Physician and Responsible Party, if known, were notified. There were no other findings.</p> <p>3. All nursing staff will be inserviced on the facility policy regarding Physician and Responsible Party, if known, notification. Incident Report was updated to include Date and Time of notification.</p> <p>4. Staff will contact Director of Nursing or designee immediately for any significant change in condition and hospitalizations. DON or designee will verify at the time of notification if Responsible party has been notified. DON or designee will notify the physician at that time. Executive Director will spot check incident reports 3 x per week x 4 weeks or until 100% compliant to verify notification was made and initial off on the incident report.</p>	

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	<p>Review of Resident A's Shower Documentation Sheet dated 11/29/22 indicated, "...Complained of R[Right] arm being 'weak' and 'not able to move' Went to ER over right side at 8:00 P.M...."</p> <p>On 12/7/22 at 12:58 P.M. an interview with the Director of Nursing indicated when a resident is sent out to the hospital in the evening or night, the Certified Nursing Assistants do not have access to the computer system to make note that doctor, family, or emergency contacts were notified, but they can document it on the resident's shower sheet. The Director of nursing indicated Resident A's physician was not notified that the resident was sent to the ER on 11/11/22 or on 11/29/22, and should have been. The Director of Nursing also indicated Resident A's family was not notified that the resident was sent to the ER on 11/29/22, and should have been notified.</p> <p>On 12/7/22 at 1:00 P.M., the Director of Nursing provided the policy, Physician/Family/Responsible Party Notification, dated 10/15, and indicated it was the current notification policy. The policy indicated, "Purpose: To ensure that medical care problems are communicated to the attending physician and family/responsible party in a timely, efficient, and effective manner...The facility will inform the resident; consult with the resident's physician; and if known, notify the residents legal representative or an interested family member when there is:...(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); Life-threatening conditions are such things as a heart attack or stroke...(D) A decision to transfer</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	of discharge the resident from the facility...." This state tag relates to complaint IN00396034.				