

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 05/10/2024
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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 a State Residential Licensure Survey.</p> <p>Survey dates: May 9, 10, 2024</p> <p>Facility number: 013327</p> <p>Residential Census: 25</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 5/14/2024</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 confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance.</p>	
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michelle Hinze	Executive Director	05/31/2024

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 disclosable 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>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure service plans were completed semi-annually and signed by the staff and resident or their representative for 2 of 7 residents reviewed for service plans. (Residents 2 & 4)</p> <p>Finding includes:</p> <p>1. A record review was completed on 5/9/2024 at 12:10 P.M. Resident 2 was admitted on 5/11/2023. Diagnoses included, but were not limited sleep apnea, neuropathy, obesity and peripheral vascular disease.</p> <p>The clinical record lacked a semi-evaluation for 11/2023.</p> <p>2. A record review was completed on 5/9/2024 at 1:06 P.M. Resident 4's diagnoses included, but were not limited to, hypertension, anxiety, dementia and failure to thrive.</p> <p>An Assisted Living Functional Assessment, dated 2/5/2024, lacked a signature by the resident.</p> <p>During an interview on 5/10/2024 at 1:19 P.M., the Administrator indicated the semi annual</p>	R 0217	<p>R 217</p> <p>Residents 2 and 4 had no adverse outcomes related to the cited practice. An Assisted Living Functional Assessment was completed for Resident 2. The Assisted Living Functional Assessment completed on 02/05/2024 was reviewed and signed by Resident 4.</p> <p>All residents have the potential to be affected by the alleged practice. A full house audit was completed to ensure all residents had a current and signed Assisted Living Functional Assessment. Any discrepancies were immediately corrected.</p> <p>RNC/designee to educate nursing staff on when assessments are to be completed and signed.</p> <p>DON/designee to audit assessments on a quarterly basis as well as upon admission.</p>	05/31/2024

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R 0273 Bldg. 00	<p>evaluations should have been completed and signed by the resident.</p> <p>On 5/10/2024 at 1:34 P.M., the Nurse Consultant provided the policy titled, "Evaluations of Resident's Needs", undated and indicated the policy is the one currently use by the facility. The policy indicated"...An evaluation of the Resident's needs will be completed at admission and at least every six (6) months thereafter; every three (3) months for Medicaid Waiver. A service plan will be developed based on the evaluation and will be reviewed at a minimum of every six(6) months and updated as needed; Medicaid waiver residents will have Service Plan updated at least every three (3) months... The evaluation will be documented and maintained in the Resident's chart...The agreed upon service plan will be signed and dated by the resident/responsible party and a copy will be furnished to the resident upon request...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure food was stored in a sanitary manner and failed to ensure outdated foods were removed in 1 of 1 kitchen observed.</p> <p>Findings include:</p> <p>During a kitchen observation on 5/9/2024 at 10:00 A.M. with the Cook, the following was observed: - Containers of dill weed spice and sage with an expiration date of 4/29/2021</p>	R 0273	<p>Audits will be completed weekly x 3 months then monthly. The results of these audits will be reviewed by the RNC monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The RNC will identify any trends or patterns and make recommendations to revise the plan of correction as needed.</p> <p>R 273 No residents had any adverse outcomes related to the cited practice. Any containers past an expiration date were immediately disposed of. Any containers opened and undated were immediately disposed of. The 2 skilletts with the Teflon chipped on the cooking surface were disposed of immediately.</p>	05/24/2024			

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	<p>- A bottle of ground ginger with an expiration date of 2/19/2019</p> <p>- A container of garlic salt with an expiration of 8/22/2022</p> <p>- A container of cream of Tatar with an expiration date of 7/28/2021</p> <p>- A plastic container with a black piece of tape covering the label with an expiration date of 11/21/2022</p> <p>On a metal shelf were the following:</p> <p>- A container of cloves with an expiration date of 6/25/23</p> <p>- An opened bottle of light corn syrup with an expiration date of 5/4/2024</p> <p>- An unsealed box of baking soda, undated</p> <p>- A container of peanut butter with an expiration date of 4/5/2024</p> <p>- A large opened container of vinegar with an expiration date of 10/31/2021</p> <p>- An opened jar of lemon concentrate with an expiration date of 7/17/2020</p> <p>On a metal shelf with cooking pots and pans were 2 large skillets with the Teflon chipped on the cooking surface of the skillets.</p> <p>During an interview on 5/9/2024 at 10:27 A.M., Cook 4 indicated the food items, spices and other expired items should be thrown out, and the skillets should not be used</p> <p>On 5/10/2024 at, 8:43 A.M., the Administrator provided the policy titled, "Food Storage (Dry, Refrigerated, and Frozen), undated, and indicated the policy was the one currently used by the facility. The policy indicated"... c. Discard food that has passed the expiration date...."</p>		<p>All residents have the potential to be affected by the cited practice. A full kitchen audit was completed to ensure no other items were expired, open and undated or chipped skillets. Any discrepancies were immediately corrected.</p> <p>Kitchen staff will be educated on storing food in a sanitary manner and to ensure outdated foods are disposed of immediately. Dietary Manager will audit weekly x3 months then monthly. The results of these audits will be reviewed by the Executive Director monthly x 6 months or until an average of 90% compliance or more is achieved x3 consecutive months. The Executive Director will identify any trends or patterns and make recommendations to revie the plan of correction as indicated.</p>	