STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155799	A. BUILDING 00 B. WING	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE MARION LLC	614 WEST 14TH STREET MARION, IN 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00422304. Complaint IN00422304 - No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Facility number: 012809 Provider number: 155799 AIM number: 201136580 Census Bed Type: SNF: 4 SNF/NF: 40 Total: 44 Census Payor Type Medicare: 4 Medicaid: 28 Other: 12 Total: 44 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 19, 2023.	F 0000		
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tamera Shirels	ED	12/29/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility			

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	must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, interview, and record review, the facility failed to report a communicable disease outbreak to the Indiana Department of Health (IDOH) involving 7 of 44 residents who resided in the facility (Residents 3, 7, 16, 24, 33, 34, and 36). Finding includes: During on observation, on 12/12/23 at 9:30 a.m., a sign on the facility entrance doors indicated the facility had COVID-19 in the building. During an interview, on 12/12/23 at 9:40 a.m., the Administrator indicated they had an outbreak of COVID-19 in the building. Four residents were currently infected with COVID-19. She was	F 0880	Tag number: F880 I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Outbreak of COVID – 19 was reported to the Indiana Department of Health II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All communicable disease outbreaks will be reported to the Indiana Department of Health.	12/28/2023

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	uncertain of the number of staff who were infected. During an observation, on 12/12/23 at 11:00 a.m., signage on the doors of rooms 135, 136, 140, and 142 indicated transmission-based precautions were required to enter the rooms. A line list for COVID-19 surveillance, provided by the Administrator on 12/12/23 at 3:16 p.m., indicated three residents had tested positive for COVID-19 on 11/25/23. Four residents had tested positive for COVID-19 on 12/4/23. Eleven employees had tested positive beginning 11/27/23 through 12/11/23. All of the residents' and nine of the employees' COVID-19 infections were determined to be facility-acquired infections. During an interview, on 12/12/23 at 4:22 p.m., the DON indicated the first three residents, who all resided on the same hall, had tested positive for COVID-19 on 11/25/23. The next four residents, who resided on the same hall as the previous positive COVID-19 residents, tested positive on 12/4/23. She was not responsible for reporting an outbreak to the IDOH. The Administrator reported outbreaks. During an interview, on 12/12/23 at 4:43 p.m., the Administrator indicated the DON was responsible for reporting outbreaks to the IDOH. During an interview, on 12/12/23 at 4:56 p.m., the Administrator indicated she should have reported the outbreak to the IDOH. A current facility policy, which was the COVID-19 Long-term Care Reporting Summary from the Indiana Department of Health, dated 7/12/23 and provided on 12/12/23 at 4:32 p.m. by the Regional		III. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The ED was educated on Communicable disease outbreaks as well as when and how to report them to the Indiana Department of Health. IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; Executive Director/designee will review the infection control log 5 days a week for 4 weeks, then weekly for 6 months to ensure all outbreaks are reported timely to the Indiana Department of Health. . The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.	

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	Vice President, indicated a new resident positive COVID-19 test by polymerase chain reaction (PCR) or point-of-care (POC) which met the outbreak reporting threshold of three cases of COVID-19 in residents in one defined area such as a hall in a 48-hour period required reporting to the IDOH through the Long-Term Care Gateway Application. 3.1-18(b)(7)			