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	11/18/2021

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

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F 0000 Bldg. 00	This visit was for a COVID-19 Focused Infection Control Survey. This visit included an Investigation of Complaint IN00367345. This visit also included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00367345: Substantiated. No deficiencies related to the allegations were cited. Survey dates: November 17 and 18, 2021. Facility number: 012809 Provider number: 155799 AIM number: 201136580 Census Bed Type: SNF/NF: 29 SNF: 13 Residential: 5 Total: 47 Census Payor Type: Medicare: 13 Medicaid: 20 Other: 9 Total: 42 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 23, 2021.	F 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully request a desk review for these alleged deficient practices.	
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. Based on observation, interview and record review, the facility failed to ensure a resident was supervised during a nebulizer medication administration for 1 of 1 random observations and the facility failed to ensure orders were in place for the use of a Bilevel Positive Airway Pressure (BiPAP) machine and BiPAP equipment was cleaned for 1 of 3 residents reviewed for respiratory equipment (Resident 20). Findings include: During the initial tour of the facility, on 11/17/21 at 8:49 a.m. Resident 20's door was open to his room, he sat on his bed while holding a nebulizer mouthpiece to his mouth. A nurse was not present. During an interview, at the nurses station, with LPN 33, on 11/17/21 at 9:02 a.m., she indicated she was an agency nurse and generally Resident 20 kept his door open all the time. She set up his nebulizer treatment for him and then left the room to get batteries. She was not aware of the regulations with Aerosol Generated Procedures (AGPs) or whether or not the doors needed to be closed. She went back to the resident's room, turned off the resident's nebulizer machine and indicated she was probably supposed to stay with the resident during a nebulizer treatment.	F 0695	F695 Respiratory: 1) Immediate actions taken for those residents identified: Resident 20 was affected by this alleged deficient practice. Resident 20 was assessed by clinical with no abnormal findings. Proper physician orders were obtained for Resident's respiratory supplies. 2) How the facility identified other resident: All residents with respiratory issues have the potential to be affected by this alleged deficient practice. All residents with Bi-Pap/C-Pap usage orders were reviewed and updated as needed. All licensed staff will be educated by Director of Nursing (DON)/designee on the BiPap/C-Pap policy by 12/11/2021. 3) Measures put into place/system changes:	12/11/2021

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	During an interview with Resident 20,on 11/17/21 at 12:37 p.m., he indicated he did his own breathing treatments himself and a nurse did not stay with him. He was previously charged for breathing treatments on his bill while he was in Assisted Living and he told them that he did his own, all the nurse does it put the medicine the nebulizer. He had ran out of distilled water for his BiPAP machine and had to go without using his machine. He used his BiPAP any time he laid down to sleep. It had not been cleaned since he got it. Resident 20's clinical record was reviewed on 11/17/21 at 10:23 a.m. He was admitted from the Assisted Living Unit to the Healthcare Unit on 11/9/21. Diagnoses included, but was not limited to, obstructive sleep apnea, morbid (severe) obesity due to excess calories and chronic obstructive pulmonary disease. His orders included, but was not limited to, ipratropium-albuterol solution 0.5-2.5 (3) mg(milligram)/3 ml (milliliter), one inhalation orally three times a day, to be administered by the clinician. His clinical record lacked an order for the BiPAP machine including how and when the BiPAP was to be cleaned. He had a 11/10/21 revised care plan, that indicated he had an altered respiratory status/difficulty breathing related to chronic obstructive pulmonary disease (COPD). Interventions included, but was not limited to, administer medication/puffers as ordered. Monitor for effectiveness and side effects, BiPAP/CPAP/VPAP settings: per Medical		All licensed staff will be educated by DON/designee on the Bi-Pap/C-Pap by 12/11/2021. 4) How the corrective actions will be monitored: The DON/designee will do random observations weekly and review Bi-Pap/C-Pap orders time 4 weeks and then monthly. The DON is responsible for compliance. The facility, through the QAPI program, will review, update, and make changes, as necessary, to this plan of correction to ensure substantial compliance for no less than 6 months. The results of these audits will be reviewed in Quality Assurance Meeting (QA) monthly for 6 months.	

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	Doctor (MD) orders. A current facility policy, titled "Nebulizer Medication Administration," provided by the Administrator, on 11/18/21 at 10:13 a.m., indicated the following: "Guidelines: Nebulizer - Administering Medications through a Small Volume (Handheld) Nebulizer...12. Remain with the resident for the treatment unless the resident has been assessed and authorized to self-administer...." A current facility policy, titled "Cleaning & Sanitizing - Wheelchair and Other Medical Equipment," provided by the Administrator, on 11/18/21 at 9:24 a.m., indicated the following: "Purpose: To assure that devices are cleaned and sanitized on a regular or as needed basis...Guidelines: Medical equipment/devices will be cleaned and sanitized weekly or more often if needed, when used by the same resident...1. A weekly schedule shall be developed by the Director of Nursing or designee to assure devices are maintained in a clean and sanitary manner...." 3.1-47(a)(6)			
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. §483.80(a) Infection prevention and control program.			

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	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 must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or			

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	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 ensure a resident's door was closed while he received a nebulizer treatment for 1 of 1 random observations (Resident 20). Findings include: During the initial tour of the facility, on 11/17/21 at 8:49 a.m. the following was observed: Resident 20's door to his room was open, he sat on his bed and held a nebulizer mouthpiece to his mouth. Signage on his door indicated his room was considered a green zone with no other signage. At 9:02 a.m., at the nurses station, LPN 33 indicated she was an agency nurse and generally	F 0880	F 880 Infection Prevention and Control 1) Immediate actions taken for those residents identified: Resident 20 was affected by this alleged deficient practice. Resident 20 was assessed by clinical with no abnormal findings. Resident #20's room door was closed at the time of the occurrence. 2) How the facility identified other residents: All residents in the vicinity of resident rooms who receive aerosol generating procedures	12/11/2021

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	the resident kept his door open all the time. She set up his neb treatment for him and then left the room to get batteries. She was not aware of the regulations with AGPs or whether or not the doors needed to be closed. She went back to the residents room, turned off the resident's nebulizer machine and indicated she was probably supposed to stay with the resident during a nebulizer treatment. The resident's door continued to be open. At 9:09 a.m. a hospital laboratory employee entered the resident's room with her rolling cart with supplies. At 9:10 a.m., a family member came to the entrance door next to Resident 20's room, from the outside he asked for a CNA to retrieve a resident to visit with her through the door. CNA 57 went to get the resident. At 9:14 a.m., CNA 57 placed the resident, in her wheelchair in front of the exit door, the resident was wearing a surgical mask. During this time a resident across the hall from Resident 20's room was entering his own room, he was wearing a surgical mask. Resident 20's door continued to be open. At 9:16 a.m., the hospital laboratory employee exited Resident 20's room. His door continued to be open. At 9:23 a.m., the resident visiting with family members through the door was taken back to her room by CNA 57. Resident 20's clinical record was reviewed on 11/17/21 at 10:23 a.m. Diagnoses included, but was not limited to, obstructive sleep apnea		have the potential to be affected. The facility infection control self-assessment will be reviewed to ensure accuracy and will be revised, as necessary. 3) Measures put into place/system changes: A Root Cause Analysis (RCA) was conducted. As a result of the RCA, licensed staff will be educated relative to infection control policy and procedure, including but not limited to, COVID transmission, infection control measures prior to and following administration of Aerosol Generating Procedures (AGP), and proper precautions to be implemented during administration of nebulizer treatments by 12/11/2021. 4) How the corrective actions will be monitored: The IP nurse/DON/designee will complete random visual rounds daily, on scheduled days of work, for 6 weeks, and until compliance is maintained, to ensure staff are practicing appropriate Infection Control Practices, including but not limited to, proper precautions during administration of nebulizer treatments. The results of these audits will be	

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	morbid (severe) obesity due to excess calories and chronic obstructive pulmonary disease. His orders included, but was not limited to, ipratropium-albuterol solution 0.5-2.5 (3) mg(milligram)/3 ml (milliliter), one inhalation orally three times a day, to be administered by the clinician. A 4/25/21 policy, titled "Guidelines for Aerosol-Generating Procedures (AGP)-includes Nebulizer, C-PAP & BiPAP & deep open system suctioning," provided by the Administrator, on 11/18/21 at 11:32 a.m., indicated the following: "Green zones: ...Sign should be placed on the door when AGP is in progress to alert staff to wear full PPE when entering. Cohorting - GREEN ZONE ONLY: When possible, a private room is preferred with AGPs with the door shut for the duration of the procedure including 1 hour after the procedure ends...." 3.1-18(a)		reviewed in Quality Assurance Meeting monthly x6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will review, update, and make changes, as necessary, to this plan of correction to ensure substantial compliance for no less than 6 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months.	
R 0000 Bldg. 00	This visit was for a Residential COVID-19 Quality Assurance Walk Through. This visit included a Nursing Home COVID-19 Focused Infection Control Survey and the Investigation of Nursing Home Complaint IN00367345. Survey dates: November 17 and 18, 2021. Facility number: 012809 Residential Census: 5 Aperion Care Marion was found to be in	R 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully request a desk review for these alleged deficient	

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	compliance with 410 IAC 16.2-5 in regard to the COVID-19 Quality Assurance Walk Through. Quality review completed on November 23, 2021.		practices.	