STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155208	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Hanover	410 W Lagrange Rd Hanover, IN 47243

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and observation, the facility failed to provide a safe and homelike environment for 2 of 4 residents reviewed. (Residents C and E)Findings include:1.During an interview, on 8/29/2025 at 11:20 A.M., Resident C indicated her room had flooded four different times since she came to the facility three months ago. One morning she woke up to two inches of water in her room that continued out into the hallway. The rooms on either side of her were also flooded. When there was heavy rainfall, the water came in through the heating and cooling unit. When it started raining heavy staff would come in and put towels under the unit. It flooded about a month ago, and they moved Resident C and her roommate into a different room for the night. The following day they had to move back into their room. A different time it flooded Resident C had to sit out in the hallway for an hour while they cleaned it all up. She now puts all of her things in waterproof bags, because anything on the floor would get ruined. The room smelled sour for days after it floods. She had asked if she could get a new room before, but was told no. The clinical record for Resident C was reviewed on 8/29/25 at 11:18 A.M. An admission Minimum Data Set (MDS) assessment, dated 6/2/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anxiety, hypertension, and depression. During an observation and interview, on 8/29/25 at 12:54 P.M., room [ROOM NUMBER]'s heating and cooling unit showed visible light from the outside around the unit. The wall around the unit was soft and spongy to the touch. The Maintenance Supervisor indicated he just replaced all the units down that hallway over the last six months. A lot of the units had pans that were leaking. He had drilled holes in the backs of the units to allow water to drain.During an observation, on 8/29/25 at 11: 25 A.M., room [ROOM NUMBER] had signs of water damage. The drywall was buckling to the left of the heating and cooling unit. During an observation, on 8/29/25 at 11:48 A.M., room [ROOM NUMBER] had signs of water damage around the heating and cooling unit. The paint and drywall was peeling and gapping with a white-water stain mark on the floor below the left corner of the unit.2.During an interview, on 8/29/25 at 11:57 A.M., Resident E indicated they previously lived on the skilled side of the facility. She did experience flooding in her room while living in room [ROOM NUMBER]. The water from the flooding ruined all of her cross-stitch supplies. She had to throw it all away, and the facility never replaced it. She ended up just buying new supplies herself. The clinical record for Resident E was reviewed on 8/29/25 at 12:05 P.M. An admission Minimum Data Set (MDS) assessment, dated 3/4/25, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anxiety, hypertension, and asthma.During an interview, on 8/29/25 at 10:34 A.M., the Maintenance Director indicated that the only flooding the facility had was in room [ROOM NUMBER], and during heavy rains water sometimes water would creep in under the doorway in the large dinning room or by the Director of Nursing's office. It was caused by a clogged drainpipe. He was unaware of any other issues in residents' rooms related to water (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	leaks.The current facility policy, dated 3/15/17, titled, Resident Rights was provided by the Director of Nursing on 8/29/25 at 1:00 P.M. The Policy indicated, .You have the right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely .The following citation relates to Intake 2567302.3.1-19(f)(5)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review, and interview the facility failed to document medications being administered for 1 of 4 residents reviewed. (Resident D)Findings include:The clinical record for Resident D was reviewed on 8/29/25 at 12:38 P.M. An admission Minimum Data Set (MDS) assessment, dated 06/20/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anemia, end-stage renal failure, and heart failure. A current open ended physician's order, with the start date of 7/14/25 at 5:00 P.M., indicated Resident D was to have his dialysis port on his abdomen soaked with a non woven sponge for five minutes before hooking up his dialysis catheter every 24 hours.The July 2025 and August 2025 Electronic Medication Administration Record (EMAR) indicated the following dates lacked documentation the resident received his dialysis port care: July 17, July 20, July 25, July 27, July 29, August 6, August 7, and August 24, 2025.The current undated facility policy, titled Medication Administration General Guidelines, was provided by the Director of Nursing on 8/29/25 at 2:19 P.M. The policy indicated, .The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medication report off-duty without first recording the administration of any medications . The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the lines for that specific medication dose administration .This citation relates to Intake 2584623.