

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE TOLLESTON PARK		STREET ADDRESS, CITY, STATE, ZIP 2350 TAFT ST GARY, IN 46404	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to ensure interventions were in place to prevent the spread of infection related to a resident's foot dressing continually touching the floor without a foot cover for 1 of 1 random infection control observations. (Resident B) Finding includes: On 7/27/27 at 12:20 p.m., Resident B was observed in a wheel chair next to the North Nursing Station. Nursing staff were present at the Nursing Station. Resident B was wearing a shoe on her left foot. A [MEDICATION NAME] wrap dressing was wrapped around the right ankle and foot. Foot drop was noted to the resident's right foot. The ball of her foot was touching the hall floor. No shoe, sock or any type of foot covering was in place. The resident was seated near a Medication Cart where a Nurse was standing. The bottom of the [MEDICATION NAME] wrap dressing was dirty and black. Resident B was able to independently use her left foot to propel the wheel chair without difficulty. LPN 1 indicated the resident usually had a covering over the dressing due to the dressing touching the floor. Staff members searched the Supply Closet on the unit and no foot coverings could be found. No coverings were found in the Nursing station. Approximately 15 minutes later a staff member came down from the opposite hall with 2 handfuls of blue foot coverings. During this time Resident B was propelling herself around the Nursing station with her right foot dressing continually touching the ground. When interviewed at this time, Resident B indicated she had not had a foot cover on at all this AM. The record for Resident B was reviewed on 7/27/2020 at 2:44 p.m. [DIAGNOSES REDACTED]. The 5/23/20 Minimum Data Set Annual Assessment indicated the resident's cognitive skill for decision making were moderately impaired. No physical behaviors or rejection of care occurred. The resident required extensive assistance of staff for dressing, toilet use and personal hygiene. Current Care plans indicated the resident had skin stripping to the right foot due to club foot and improper foot wear. Interventions included, but were not limited to, provide treatment as ordered and notify the Physician of any abnormal findings. The July 2020 Treatment Administration Record indicated a Physician's treatment order was in place to cleanse the right 2nd toe with normal saline, apply [MEDICATION NAME] and cover with a dry dressing every Monday, Wednesday and Friday to the Diabetic ulcer. This treatment was last signed out as completed on 7/24/20. When interviewed on 7/27/20 at 2:45 p.m. the Administrator indicated there should have been a foot covering in place over the dressing to prevent the dressing from touching the floor. 3.1-18(l)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.