

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155702	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE PERU		STREET ADDRESS, CITY, STATE, ZIP 1850 WEST MATADOR ST PERU, IN 46970	
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 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to prevent misappropriation of resident property for 1 of 2 allegations reviewed. Finding includes: A state reportable, dated 7/2/2020, indicated misappropriation of property; Upon floor nurse reaching out to the pharmacy for a narcotic approval code, the nurse was notified that the residents' narcotics were allegedly delivered to the facility on [DATE], at approximately 9:40 PM. The floor nurse was unable to locate residents' narcotics. The Administrator and Director of Nursing were immediately notified and an investigation was initiated. The follow up, added on 7/9/2020, indicated the investigation was completed. All appropriate staff interviewed with no concerns noted. It was determined through an investigation that RN 2 handed the medications over to Certified Nursing Assistant (CNA) 3. CNA 3 proceeded to take the medications over to the dementia unit, and after going through the medications and reviewing them, CNA 3 dropped 1 medication card behind the medication cart, but had placed the other medication cards on top of the medication cart. CNA 3 bent down out of view of the camera, then stood up and went around the corner, not in view of the camera. RN 2 admits to not securing the narcotic medications appropriately and handing them over to CNA 3. CNA 3 admitted to taking the medications from the RN and taking them back to the dementia unit, but denies taking the medication from the facility. During an interview, on 7/23/2020 at 12:30 P.M., the Administrator indicated they had terminated both employees involved with the missing narcotics. On 7/23/2020 at 12:57 P.M., the Administrator provided the policy titled, Abuse, Neglect and Misappropriation of Resident Property, undated, and indicated the policy was the one currently used by the facility. The policy indicated . This facility's policy is that the resident has the right to be free from verbal, sexual, physical and mental abuse, involuntary seclusion, corporal punishment and misappropriation of resident property in accordance with all state and federal regulations. Misappropriation of Resident Property means the deliberate misplacement, exploitation or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident consent This Federal tag relates to Complaint IN 912. 3.1-28(a)</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.