STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155572	A. BUILDING _____ B. WING _____	**07/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
APERION CARE DEMOTTE	**10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310**

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 0692 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide enough food/fluids to maintain a resident's health.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a Physician order [REDACTED]. Hospice services were in place. The 3/5/2020 Minimum Data Set assessment indicated the resident's cognitive skills for decision making were moderately impaired. No behaviors or rejection of care occurred. Assistance of one staff was needed for eating. Current Care plans indicated the resident was at risk for aspiration and on a fluid restriction of 1500 cc of liquids per day. Interventions included, but were not limited to, provide diet as ordered, monitor weight and set up and assist the resident with meals. A physician's orders [REDACTED]. BUN (blood urea nitrogen) level was 94 (normal level range 7-30). Creatinine level was 5.77 (normal level range 0.7- 2.0). The April 2020 Nursing Progress Notes indicated the following: 4/26/20 at 5:30 p.m. NP called with new orders for laboratory results. Daughter was aware and agreed with IV orders. 4/27/20 at 12:22 p.m. Resident's left hand poked x 2 for IV start using a 22 gauge needle. Resident tolerated well. Spoke to the Family and they stated they would like the resident to be as comfortable as possible. There was no documentation of any attempts to insert the IV or start the ordered IV fluids between 4/26/20 at 5:30 p.m. and 4/27/20 at 12:22 p.m. When interviewed on 7/28/20 at 12:30 p.m., LPN 1 indicated she had worked the Day shift (6AM - 6PM) on 4/26/20. She did not recall if she was told about the IV in report that day. When interviewed on 7/28/20 at 12:45 p.m., the ADON (Assistant Director of Nursing) indicated she worked the Day Shift on 4/27/20 and inserted the IV at that time. The ADON was unsure why the IV catheter and fluids were not started prior to that. When interviewed on 7/28/20 at 2:30 p.m. the facility Administrator indicated Resident B was on Hospice services and the IV fluids should have been initiated at the time of the physician's orders [REDACTED].

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