

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP COD 2350 TAFT ST GARY, IN 46404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: May 19, 2023</p> <p>Facility: #008505 Provider: #155580 AIM Number: 20064830</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed May 19, 2023</p>	F 0000		
F 9999 Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by: Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on April 30, 2023. The state agency received the facility's renewal application and payment post marked May 1, 2023, which was not at least 45 days of the current</p>	F 9999	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents were affected by this alleged deficient practice. The facility license was renewed.</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; No residents had the potential to be affected by this alleged deficient practice.</p> <p>III. What measures will be</p>	05/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jeff Attinger	RVP of Operations	05/30/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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.

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	license expiration date of April 30, 2023.		<p>put into place and what systemic changes will be made to ensure that the deficient practice does not recur; The facility will review the facility license renew date monthly in QAPI to ensure the license renewal is completed at least 45 days prior to expiration.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place; The RVP will audit the QAPI minutes monthly to ensure the facility is aware of the license renewal date and that the application is submitted at least 45 days prior to the renewal date. The results of these audits will be reviewed in Quality Assurance Meeting monthly x12 months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	