

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2022
FORM APPROVED
OMB NO. 0938-0391

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 R-C 03/24/2022
NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404		
(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 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a PSR to the Investigation of Complaints IN00369639 and IN00371969 and COVID-19 Focused Infection Control Survey completed on 2/2/22.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00372293, IN00372357, and IN00372689 completed on 2/16/22.</p> <p>Complaint IN00369639 - Corrected</p> <p>Complaint IN00371969 - Corrected</p> <p>Complaint IN00372293 - Corrected</p> <p>Complaint IN00372357 - Corrected</p> <p>Complaint IN00372689 - Corrected</p> <p>Survey date: March 24, 2002</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 129 Total: 129</p> <p>Census Payor Type: Medicare: 14 Medicaid: 95 Other: 20 Total: 129</p> <p>Aperion Care Tolleston Park was found to be in</p>	{F 000}			

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.

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{F 000}	Continued From page 1 compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00369639 and IN00371969.	{F 000}			
{F9999}	Quality review completed on 3/29/22. FINAL OBSERVATIONS	{F9999}			