STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION ESTATES PERU, LLC	1200 KITTY HAWK DRIVE, PERU, , 46970

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00451001 and IN00449584 completed on January 21, 2025. Complaint IN00451001 - Corrected Complaint IN00449584 - Corrected Survey dates: February 26, 2025 Facility number: 013327 Residential Census: 24 Aperion Estates Peru was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00451001 and IN00449584. Quality Review completed on 2/27/2025 This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00451001 and	R 0000		

	IN00449584 completed on January 21, 2025. Complaint IN00451001 - Corrected Complaint IN00449584 - Corrected Survey dates: February 26, 2025 Facility number: 013327 Residential Census: 24 Aperion Estates Peru was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00451001 and IN00449584. Quality Review completed on 2/27/2025			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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