

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

PRINTED: 06/16/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/13/2017
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360	
(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)
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00228822 and IN00229364 completed on May 8, 2017.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00230997 and IN00232509. This visit resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.</p> <p>Complaint IN00228822 - Corrected</p> <p>Complaint IN00229364 - Corrected</p> <p>Complaint IN00230997 - Substantiated. Federal/State deficiencies related to the allegations are cited at F257.</p> <p>Complaint IN00232509 - Substantiated. Federal/State deficiencies related to the allegations are cited at F257.</p> <p>Survey dates: June 12 & 13, 2017</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Census bed type: SNF/NF: 86 SNF: 24 Total: 110</p> <p>Census payor type: Medicare: 28 Medicaid: 63 Other: 19</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 Total: 110 Aperion Care Arbors of Michigan City was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to PSR to the Investigation of Complaints IN00228822 and IN00229364. Quality review completed on 6/15/17.	{F 000}		