STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155702	A. BUILDING _____ B. WING _____	C 12/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE PERU	**1850 WEST MATADOR ST PERU, IN 46970**

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00188552 and IN00188514. This visit was in conjunction with the PSR (Post Survey Revisit) to the Recertification and State Licensure Survey which resulted in an Extended Survey - Substandard Quality of Care completed on November 4, 2015. Complaint IN00188552 - Substantiated. No deficiencies related to the allegation are cited. Complaint IN00188514 - Unsubstantiated due to lack of evidence. Survey dates: December 15, 16, 17, 18 and 21, 2015 Facility number: 003130 Provider number: 155702 AIM number: 200386750 Census bed type: SNF/NF: 54 Total: 54 Census payor type: Medicare: 8 Medicaid: 41 Other: 5 Total: 54 Sample: 3 Aperion Care Peru was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of	F 000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 Complaints IN00188552 and IN00188514. Quality Review completed by 14454 on December 29, 2015.	F 000		