

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

PRINTED: 05/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155208		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2025	
NAME OF PROVIDER OR SUPPLIER APERION CARE HANOVER				STREET ADDRESS, CITY, STATE, ZIP CODE 410 W LAGRANGE RD HANOVER, IN 47243			
(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 the investigation of Nursing Home Complaints IN00457113 and IN00457358. This visit included the investigation of Residential Complaint IN00458545.</p> <p>This visit was in Conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the investigation of Nursing Home Complaints IN00455300 and IN00455916 completed on March 27, 2025. This visit included a PSR to the State Residential Licensure Survey completed on March 27, 2025.</p> <p>Complaint IN00457113 - No deficiencies related to the allegations are cited. Complaint IN00457358 - No deficiencies related to the allegations are cited. Complaint IN00458545 - No deficiencies related to the allegations are cited. Complaint IN00455300 - Corrected Complaint IN00455916 - Corrected</p> <p>Survey dates: April 30 and May 1, 2025</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 70 Residential: 4 Total: 74</p> <p>Census Payor Type: Medicare: 3 Medicaid: 60 Other: 7</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: 70 Aperion Care Hanover 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 Nursing Home Complaints IN00457113 and IN00457358. Quality review completed on May 2, 2025.	F 000			