	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155702			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 12/20/2024		
	NAME OF PROVIDER OR SUPPLIER  APERION CARE PERU			ADDRESS, CITY, STATE, ZIP COD /EST MATADOR ST IN 46970	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 0000							
Bldg. 00	IN00448302 and II  Complaint IN00448 related to the allegated Complaint IN00448	8302 - Federal deficiencies ations are cited at F584  8692 - Federal deficiencies ations are cited at F584.  ember 20, 2024  03130 155702	F 0000				
	Census Bed Type: SNF/NF: 85 Total: 85 Census Payor Type Medicare: 1 Medicaid: 69	::					
	Other: 15						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This deficiency reflects State Findings cited in

Quality Review completed on 12/23/2024

Based on observation, interview and record

on the Behavior Unit (BHU). This deficient

temperatures were at the appropriate temperatures

review, the facility failed to ensure room

Safe/Clean/Comfortable/Homelike

accordance with 410 IAC 16.2-3.1.

TITLE (X6) DATE

12/21/2024

**Tammy Matthews** Administrator 01/02/2025

F 0584

F584

for this citation.

The facility requests desk review

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

Event ID: NG8611 Facility ID: 003130 If continuation sheet Page 1 of 8

Total: 85

483.10(i)(1)-(7)

Environment

F 0584

SS=E

Bldg. 00

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	COMPLETED	
and Plan of Correction identification null 155702		155702	B. WING			12/20/2024		
		l .		STREET	ADDRESS CITY STATE 7ID COD	<u> </u>		
NAME OF P	PROVIDER OR SUPPLIEF	8	STREET ADDRESS, CITY, STATE, ZIP COD					
\ \DEDI∩\	N CARE PERU		1850 WEST MATADOR ST PERU, IN 46970					
AI ENIOI	V OAKL FERU			r LNO,				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		ential to affect 27 of 27						
	residents residing o	n the BHU.			This Plan of Correction is the			
					center's credible allegation of			
	Finding includes:				compliance.			
	_	ion on the Behavior Unit on			Preparation and/or execution			
		A.M., with the Maintenance			this plan of correction does no			
		ing ambient air temperature			constitute admission or agree			
	_	ned utilizing the facility's laser			by the provider of the truth of the			
	following walls:	resident room, pointed at the			facts alleged or conclusions so	er		
	T	a vivall tamem amatuma viva 62			forth in the statement of			
		e wall temperature was 63 and the outside wall			deficiencies. The plan of			
	_	degrees Fahrenheit.			correction is prepared and/or			
	_	e wall temperature was 66			executed solely because it is			
		and the out side wall			required by the provisions of federal and state law.			
	_	degrees Fahrenheit.			l lederal and state law.			
	_	e wall temperature was 67			1) Immediate actions taken for	or		
		and the out side wall			those residents identified:	OI .		
	_	degrees Fahrenheit.			those residents identified.			
	_	e wall temperature was 67			All residents on the Behavior ι	ınit		
		and the out side wall			were affected. Maintenance	ar iit		
		degrees Fahrenheit.		director turned on the boiler and				
	_	e wall temperature was 69			continued rounding until	ıu		
		and the out side wall			appropriate temperatures were	e		
		degrees Fahrenheit.			reached. All areas reached	-		
	_	e wall temperature was 71			appropriate temperatures prio	r to		
		and the out side wall			state surveyor leaving the buil			
		degrees Fahrenheit.						
		e wall temperature was 69			2) How the facility identified			
		and the out side wall			other residents:			
	1 -	degrees Fahrenheit.			All residents had the poter	ntial		
	_	e wall temperature was 71			to be affected.			
		and the out side wall						
		degrees Fahrenheit.			3) Measures put into place/			
		e wall temperature was 67			System changes:			
		and the out side wall			Staff will be re-educated regar	ding		
		degrees Fahrenheit.			not turning off the boiler as we	-		
	_	e wall temperature was 69			the code on the door has been			
	degrees Fahrenheit and the out side wall		1		changed so staff do not have			

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
and Plan of Correction identification number 155702		155702	B. WING			12/20/2024	
				CTD FFT A	ADDRESS STEW STATE ZID SOD		
NAME OF P	ROVIDER OR SUPPLIER	<b>t</b>			ADDRESS, CITY, STATE, ZIP COD		
ADEDION	LOADE DEDLI		1850 WEST MATADOR ST PERU, IN 46970				
APERIO	N CARE PERU			PERU,	IN 40970		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)			COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	temperature was 64	degrees Fahrenheit.			access to the code and are un	able	
	Rm. 410the inside	e wall temperature was 67			to get in the boiler room and tu	ırn	
	degrees Fahrenheit,	and the out side wall			the boiler off.		
	temperature was 62 degrees Fahrenheit.						
	Rm. 411the inside	e wall temperature was 67			4) How the corrective actions	;	
	degrees Fahrenheit,	and the out side wall			will be monitored:		
	temperature was 63	degrees Fahrenheit. There					
	_	led up along and placed on the			The Maintenance Director or		
		resident was observed to have			designee will complete an aud	it at	
	blankets on his lap.				least 2 x per week on various		
	Rm. 412the inside	e wall temperature was 68			shifts and times to ensure		
	degrees Fahrenheit,	and the out side wall			temperature in the building		
	temperature was 64	degrees Fahrenheit.			remains between 71 to 81		
	Rm. 413the inside	e wall temperature was 63			degrees.		
	degrees Fahrenheit,	and the out side wall					
	temperature was 62	degrees Fahrenheit.			The results of these audits will	be	
	Rm. 414the inside	e wall temperature was 63			reviewed in Quality Assurance	:	
	degrees Fahrenheit,	and the out side wall			Meeting monthly x6 months or		
	temperature was 58	degrees Fahrenheit. The			until 100% compliance is achie		
	resident was observ	red wrapped in a blanket			x3 consecutive months. The 0		
	sleeping.				Committee will identify any tre	nds	
	In the common area	behind the nursing station			or patterns and make		
	and outside of resid	ent rooms 405, 406 and 407,			recommendations to revise the	9	
	the ambient air tem	peratures registered 70 and 71			plan of correction as indicated		
	degrees Fahrenheit.						
	During an observati	ion of the BAU unit, on					
	12/202024 at 10:57	A.M with the Maintenance					
	Director., the follow	ving ambient air temperature					
	readings were obtai	ned utilizing the facility's laser					
	thermometer inside	resident rooms, pointed at the					
	following walls						
	Rm. 400the inside	e wall temperature was 64					
	degrees Fahrenheit,	and the outside wall					
	temperature was 64	degrees Fahrenheit.					
	Rm. 401the inside	e wall temperature was 65					
		and the out side wall					
		degrees Fahrenheit.					
	_	e wall temperature was 66					
		and the out side wall					
			1		İ		

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155702		JILDING	nstruction <u>00</u>	(X3) DATE : COMPL 12/20/	ETED
NAME OF PROVIDER OR SUPPLIER  APERION CARE PERU		<u> </u>	1850 W	ADDRESS, CITY, STATE, ZIP COD EST MATADOR ST IN 46970	•		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL D LSC IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION
PREFIX TAG	temperature was 63 Rm. 403the inside degrees Fahrenheit, temperature was 68 Rm. 404the inside degrees Fahrenheit, temperature was 63 Rm. 405the inside degrees Fahrenheit, temperature was 66 Rm. 406the inside degrees Fahrenheit, temperature was 66 Rm. 407the inside degrees Fahrenheit, temperature was 67 Rm. 408the inside degrees Fahrenheit, temperature was 62 Rm. 409the inside degrees Fahrenheit, temperature was 63 Rm. 409the inside degrees Fahrenheit, temperature was 64 Rm. 410the inside degrees Fahrenheit, temperature was 64 Rm. 411the inside degrees Fahrenheit, temperature was 64 Rm. 412the inside degrees Fahrenheit, temperature was 61 Rm. 413the inside degrees Fahrenheit, temperature was 63 Rm. 414the inside degrees Fahrenheit, temperature was 63 Rm. 414the inside degrees Fahrenheit, temperature was 68 Rm. 414the inside d	degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 70 and the out side wall degrees Fahrenheit. wall temperature was 68 and the out side wall degrees Fahrenheit. wall temperature was 69 and the out side wall degrees Fahrenheit. wall temperature was 69 and the out side wall degrees Fahrenheit. wall temperature was 69 and the out side wall degrees Fahrenheit. wall temperature was eit, and the out side wall degrees Fahrenheit. wall temperature was 66 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 65 and the out side wall degrees Fahrenheit. wall temperature was 65 and the out side wall degrees Fahrenheit. wall temperature was 66 and the out side wall degrees Fahrenheit. wall temperature was 66 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 66 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall degrees Fahrenheit. wall temperature was 67 and the out side wall		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION DATE
	During an interview	v, on 12/20/2024 at 10:00 A.M.,					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155702		X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING  X3) DATE SURVEY  COMPLETED  12/20/2024				
	PROVIDER OR SUPPLIER		1850 W	ADDRESS, CITY, STATE, ZIP COE /EST MATADOR ST IN 46970		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	LD BE	(X5) COMPLETION DATE
1.70	the Maintenance Dimust had shut off or that was the reason too cool. He indicated irector had shown turn off the boiler go outside the facility the code to open the off the boiler using was given as to why turned off one of the During an interview QMA 2 indicated stremperature in the letthermostat. She indicated the rest to stay warm.  During an interview the Maintenance District the Maintenance District the Maintenance District the mobiler was activated on earlier in the moboiler was activated resident rooms would buring an interview Resident B, a resident was colder at night blankets. She indicated the resident C was observed the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was observed the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a colder at night blankets. She indicated the color of the moboiler was activated as a color of the moboiler was activ	rector indicated that someone me of the facility's boilers and why the temperatures were atted the previous maintenance some of the nurses how to He indicated the nurses would ty to the garage door, put in a garage door, go in and turn the toggle switch. No reason to the nursing staff would have be boilers.  7, on 12/20/2024 at 10:04 A.M., me could not control the building as there was no dicated no residents had of being too cold on the unit. Sidents usually wore sweaters  7, on 12/20/2024 at 10:10 A.M., rector indicated there were no accility. He indicated someone off and he had turned it back runing. He indicated once the l, the temperatures in the				

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	MEDICAKE & MEDIC				_	IB NO. 0936-039		
		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED			
		155702	B. WING	<del></del>	12/20	/2024		
			077777	ADDRESS CHANGE STREET				
NAME OF P	ROVIDER OR SUPPLIEF	<b>t</b>		ADDRESS, CITY, STATE, ZIP COD				
			1850 WEST MATADOR ST					
APERION	N CARE PERU		PERU,	IN 46970				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	DD CVIDED OF THE COURT		(X5)		
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI		COMPLETION		
TAG	•	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ΑΙΈ	DATE		
9		room and stated it was current	1110					
		Resident C indicated the						
		vels on the window ledge						
	-	cold air coming in around the						
		h him when he was in bed. He						
	-							
		vas "like a fan going- it was						
		ndicated he used to have a						
		ide of the unit and that room						
		When asked if he had informed						
		ut the cold air temperature,						
		d "yes, the nurse especially."						
		vould come in his room and						
	state " boy it's cold	in here."						
	During an interview	v, on 12/20/2024 at 10:45 A.M.,						
	Resident E indicate	d he liked it cool and would						
	put on extra clothes	when it got too cold in his						
	room.							
	During an interview	v, on 12/20/2024 at 10:28 A.M.,						
	-	nce the facility had gotten the						
		not get very cold on the unit.						
	,							
	During an interview	v, on 12/20/2024 at 10:20 A.M.,						
	-	rector indicated he completed						
		throughout the facility						
	-	completed the checks every						
	weekly, but had hot	completed the cheeks every						
	WCCK.							
	The Maintananas D	Director provided a binder of						
		-						
		ling Temperatures" that						
	indicated the follow	_						
	A building temperature log sheet, dated							
		ted: no temperatures were						
		oms 400, 406, 408, 410. The air						
		room 403 was documented at						
	-	nheit and the air vent						
		m 411 was documented 68.1						
	degrees Fahrenheit.							

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTI			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDIN	G	00		COMPLETED 12/20/2024	
		155702	B. WING	_		12/20/	2024	
NAME OF I	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP COD			
   ΔΡΕΒΙ∩Ι	N CARE PERU				EST MATADOR ST N 46970			
				, .O, I	14 10070			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE	ID	v	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)	
	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFI		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE	
TAG	A building tempera 10/25/2024, indicated documented for roo vent temperature by Fahrenheit and the a 411 was 68.4 degree. A building tempera indicated: there wer for rooms: 400, 410 temperature by roor vent temperature by Fahrenheit. A building tempera indicated: there wer for rooms: 400, 406 temperatures by roor vent temperatures blank.  A building tempera 11/20/2024, indicated documented for roor air vent temperature blank.  A building tempera 12/10/2024, indicated documented for roor air vent temperature blank.  During an interview.	ture log sheet, dated ed: there were no temperatures ons: 406, 408 and 414. The air v room 403 was 68.6 degrees air vent temperature by room es degrees Fahrenheit.  ture log sheet, dated 11/1/2024, re no temperatures documented 0, and 414. The air vent m 403 was blank and the air v room 411 was 74.6 degrees  ture log sheet, dated 11/8/2024, re no temperatures documented 6, 408, and 410. The air vent oms 403 and 411 were blank.  ture log sheet, dated ed: there were no temperatures oms: 406, 408, 410, and 414. The es by rooms 403 and 411 were  ture log sheet, dated ed: there were no temperatures oms: 400, 406, 408 and 410. The es by rooms 403 and 411 were  ture log sheet, dated ed: there were no temperatures oms: 400, 406, 408 and 410. The es by rooms 403 and 411 were  ture log sheet, dated ed: there were no temperatures oms: 400, 406, 408 and 410. The es by rooms 403 and 411 were	TAC		DEFICIENCY)		DATE	

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

PRINTED: 01/22/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155702	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 12/20/2024	
NAME OF PROVIDER OR SUPPLIER  APERION CARE PERU			STREET ADDRESS, CITY, STATE, ZIP COD 1850 WEST MATADOR ST PERU, IN 46970				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE	
	been without heat and the boiler was never broken. She indicated there were some gauges that needed to be be replaced on the boiler, but it was still functional.  A policy was requested, on 12/20/2024 at 11:58  A.M., related to monitoring of resident room temperatures.  On 12/20/2024 at 12:00 P.M., the Administrator indicated the facility had no policy regarding the monitoring of resident room temperatures.  This citation relates to Complaints IN00448692 and IN00448302.  3.1-19(h)						

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