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

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 C 12/06/2022

NAME OF PROVIDER OR SUPPLIER **APERION CARE PERU**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 IN00393186 and IN00389573. Complaint IN00393186 - Unsubstantiated due to lack of evidence. Complaint IN00389573 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: December 5 & 6, 2022 Facility number: 003130 Provider number: 155702 AIM number: 200386750 Census Bed Type: SNF/NF: 83 Total: 83 Census Payor Type: Medicare: 6 Medicaid: 63 Other: 14 Total: 83 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 Complaints IN00393186 and IN00389573. Quality review completed 12/7/22.	F 000		

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