

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013327 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 02/26/2025 |
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| NAME OF PROVIDER OR SUPPLIER APERION ESTATES PERU, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 KITTY HAWK DRIVE PERU, IN 46970 |
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| (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) COMPLETE DATE |
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| {R 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00451001 and IN00449584 completed on January 21, 2025.</p> <p>Complaint IN00451001 - Corrected</p> <p>Complaint IN00449584 - Corrected</p> <p>Survey dates: February 26, 2025</p> <p>Facility number: 013327</p> <p>Residential Census: 24</p> <p>Aperion Estates Peru was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00451001 and IN00449584.</p> <p>Quality Review completed on 2/27/2025</p> | {R 000} | | |

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