STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155799	A. BUILDING -- B. WING	10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE MARION LLC	614 WEST 14TH STREET MARION, IN 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/16/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 10/04/22 Facility Number: 012809 Provider Number: 155799 AIM Number: 200136580 At this PSR survey, Aperion Care Marion LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 70 and had a census of 52 at the time of this survey. Quality Review completed on 10/13/22	E 0000		
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/16/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 10/04/22 Facility Number: 012809 Provider Number: 155799 AIM Number: 200136580 At this PSR survey, Aperion Care Marion LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tamera Shirels	ED	10/31/2022

Any defiencystatement 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.

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	155799	A. BUILDING 01 B. WING	10/04/2022

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	Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a partial basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and resident rooms. The facility has a capacity of 70 and had a census of 52 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 10/13/22			
K 0521 SS=F Bldg. 01	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 fire damper systems were inspected and provided necessary maintenance after the first year after instillation and at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in	K 0521	1. Corrective actions which will be accomplished for those employees and residents found to be affected by the deficient practice: All residents have the potential to be affected by this alleged deficiency practice of the lack of the fire damper system inspection and testing.	10/20/2022

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	155799	A. BUILDING 01 B. WING	10/04/2022

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	accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all residents. Findings include: Based on records review with the Maintenance Director on 08/16/22 at 10:50 a.m., no documentation was provided to show if the building's smoke/fire dampers have been inspected. Based on observation with the Maintenance Director between 12:15 a.m. and 1:00 p.m., there were smoke/fire dampers in the duct work. Based on interview at the time of records review and observations, the Maintenance Director stated the damper inspection/maintenance documentation could not be found and did not know the last time the dampers were inspected. The findings were reviewed with the Maintenance Director at the exit conference. This deficiency was cited on 08/16/22. The facility failed to implement a systemic plan of correction		2. How will the facility identify other residents having the potential to be affected by the same deficient practice: All residents, staff and visitors could have the potential to be affected by the alleged deficiency of the lack of the fire damper system being inspected and tested every 4 years. 3. The measures the facility will take or systems the facility will alter to ensure the problems will be corrected or will not recur: Maintenance Director/Designee has scheduled an inspection and testing of the fire damper system and for every 4 years hereafter. 4. Quality Assurance (QA) plans to monitor facility performance to make sure that corrections are achieved and are permanent: A QA tool was created to monitor and ensure that the time on the fire damper system is inspected and tested every 4 years. QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.	

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	to prevent recurrence 3.1-19(b)			