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

PRINTED: 07/28/2021 FORM APPROVED OMB NO. 0938-0391

FREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY      FOUR   INITIAL COMMENTS   (FOUR)	TE SURVEY	l` ´cow	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COTION DENTIFICATION NUMBER:		OF DEFICIENCIES F CORRECTION	
NAME OF PROVIDER OR SUPPLIER  APERION CARE MARION LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [Year In the Recertification and State Licensure Survey completed on 5/24/2021. This visit included a PSR to the State Residential Licensure Survey completed on 5/24/2021. Survey dates: July 22, 2021  Facility number: 012809 Provider number: 155799 AIM number: 201136580  SUMMARY STATEMENT OF DEFICIENCIES (B14 WEST 14TH STREET MARION, IN 46953)  D PROVIDER'S PLAN OF CORRECTION (CAPPEDIA OF COMPLETED AND ASSOCIATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  APPERIX TAGE  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  APPERIX TAGE  CROSS-REFERENCED TO THE APPROPRIATE DEFI		0.7	B. WING	155799				
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SNF/NF: 36					Census Bed Type:			
					SNF/NF: 36			
Residential: 7 Total: 43								
Census Payor Type:					1			
Medicare: 7 Medicaid: 20								
Other: 9								
Total: 36								
Aporion Caro Marian I.I.C. was found to be in				LLC was found to be in	Aporion Caro Marian			
Aperion Care Marion LLC was found to be in compliance with 42 CFR Part 483, Subpart B and								
410 IAC 16.2-3.1 in regard to the PSR to the					1			
Recertification and State Licensure Survey.				ate Licensure Survey.	Recertification and Sta			
Quality review completed on July 27, 2021.				eted on July 27, 2021.	Quality review comple			
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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.

Facility ID: 012809