| 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 _____ | C 06/23/2022 |

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

| (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<br><br>This visit was for Investigation of Complaint IN00382704<br><br>Complaints IN00382704 - Unsubstantiated due to lack of evidence.<br><br>Survey dates: June 23, 2022<br><br>Facility number: 012809<br>Provider number: 155799<br>AIM number: 201136580<br><br>Census Bed Type:<br>SNF: 7<br>SNF/NF: 40<br>Residential: 11<br>Total: 58<br><br>Census Payor Type:<br>Medicare: 7<br>Medicaid: 34<br>Other: 6<br>Total: 47<br><br>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 Investigation of Complaint IN00382704.<br><br>Quality review completed on June 28, 2022. | F 000 | | |

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