

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2016
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NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
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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
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for an investigation of Complaints IN00200216 and IN00202298.</p> <p>Complaint IN00202298 Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN200216 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey date: June 20, and 21, 2016</p> <p>Facility number: 012394 Provider number: 012394 AIM number: N/A</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Sample: 5</p> <p>Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00200216 and IN00202298.</p> <p>QR was completed by 99993 on 06/21/16.</p>	R 000		

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