

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
---	--

(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
R000000	<p>This visit was for the Investigation of Complaint IN00124665.</p> <p>Complaint IN00124665 - Substantiated. State residential deficiencies related to the allegations are cited at R39.</p> <p>Survey Date: March 18, 2013.</p> <p>Facility Number: 012394 Provider Number: 012394 AIM Number: N/A</p> <p>Survey Team: Heather Lay, RN - TC</p> <p>Census Bed Type: Residential: 108 Total: 108</p> <p>Census Payor Type: Other: 108 Total: 108</p> <p>Residential Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p>	R000000	<p>The Plan of Correction is neither an agreement with nor an admission of wrong doing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of April 15, 2013 and requests paper compliance for this survey.</p>	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2013	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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			
R000039	<p>410 IAC 16.2-5-1.2(n) Residents' Rights- Deficiency (n) Residents may, throughout the period of their stay, voice grievances to the facility staff or to an outside representative of their choice, recommend changes in policy and procedure, and receive reasonable responses to their requests without fear of reprisal or interference.</p> <p>Based on interview and record review, the facility failed to effectively respond to resident grievances in a timely manner. The deficient practice affected 5 of 9 residents reviewed who complained the facility was not responding to grievances or complaints regarding laundry services and had the potential to affect 69 of 108 residents with access to the laundry room [Residents B, C, D, E, and F].</p> <p>Findings include:</p> <p>On 3/18/13 at 11:05 A.M., in an interview, Residents B and C indicated they had voiced concerns regarding not being able to do their laundry during normal daytime hours. Residents B and C indicated they brought their concern up in a monthly Resident Council meeting recently. However, both Residents B and C indicated the facility has not corrected the problem. They indicated to do laundry at the facility, they must get</p>	R000039	<p>Because the survey was complaint based, the facility is unable to identify the specific residents indicated in the survey, nor directly address their concerns. All residents residing in the main assisted living building have access to the laundry room and have the potential to be affected by the accessibility. No one residing in the memory care area was affected because of the separate laundry for that area. Although staff did not have documentation of actions, staff had taken the following steps to address residents' complaints related to the laundry facilities in the past year: eliminating the use of the laundry by the kitchen staff, reducing the time frames for use by housekeeping staff to Tuesdays, Wednesdays and Thursdays, providing education and signage related to better time frames for access to the laundry room, and discussing accessibility with specific residents who were creating barriers. Staff has been in the process of hiring a new employee to work on the night shift to reduce staff use of the laundry room. One employee</p>	04/15/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2013	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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			
	<p>up at 5:00 A.M. or stay up late in the evening. Residents B and C indicated those times did not work for them. They indicated housekeeping staff used the residents' laundry room all day throughout the week. and stated when housekeeping staff was not using the residents' laundry room,"It was a fight to beat all other residents to the laundry room." In addition, Residents B and C indicated on the weekends the laundry room was used by resident's family.</p> <p>On 3/18/13 at 12:30 P.M., in an interview, Residents E and F indicated the facility cleaning staff [housekeeping] were always in the resident laundry area and stated, "We [the residents] must fight to do our laundry." They indicated the problem has been ongoing as a result of more residents moving into the facility. Residents E and F indicated the Administrative staff had not done anything to fix the problem and it was frustrating.</p> <p>On 3/18/13 at 2:30 P.M., in an interview, Resident D indicated she was unable to do her laundry on most days because the facility did not have enough space to add more washers and dryers for all the residents to get their laundry done. She indicated on</p>		<p>had been hired and had left the position without notice. The general manager made no indication as to not being able to "make someone take the position" as is quoted in the survey, but rather that the facility had not been able to find a qualified individual to fill the position. Based upon resident interviews, residents have two primary concerns related to the laundry room: staff use of the laundry area during regular business hours on Tuesday, Wednesday and Thursday of each week, and residents who limit or bar access of other residents to the laundry room. To address these concerns, the facility will be outsourcing its flat linen service to allow additional access to the laundry area during regular business hours on Tuesday, Wednesday and Thursday of each week. Staff will also implement a grievance log to be used in conjunction with the Residents' Council to document attempts to rectify such issues. Items documented on the grievance log will be shared through the Resident Resource, a monthly publication distributed to all residents. Staff will address residents who limit or bar the access of others to the laundry room on a case by case basis at the time of occurrence, documenting such issues as an incident for record keeping purposes. The grievance log will</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2013	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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			
	<p>the days housekeeping staff was not using the washers and dryers, all the other residents and their families were using them. Therefore, it was hard to get her laundry done. She indicated at her age, it was hard to keep going to the laundry room and checking for availability. Resident D indicated the problem had been ongoing over the last year. Resident D indicated she and other residents had complained over the last year; however, the facility failed to address the issue.</p> <p>The following were staff interviews:</p> <p>On 3/18/13 at 11:55 P.M., in an interview, the General Manager indicated the facility housekeeping staff had limited hours when they do laundry [all resident linens and towels] in the resident laundry room. She indicated the rest of the time was open for residents to do their laundry. The General Manager indicated the facility did not have a separate laundry room for facility personnel use.</p> <p>On 3/18/13 at 12:00 P.M., in an interview, Licensed Practical Nurse [LPN] #1 indicated she was aware of resident concerns regarding the laundry room and the housekeeping</p>		<p>be monitored for completion by the General Manager or her representative on a monthly basis for the next six months to ensure all resident grievances are recorded and a corresponding response or action has been taken. Incidents reports will be monitored weekly for one month and monthly for the next three months thereafter to ensure any issues with residents limiting or baring access to the laundry room are addressed. This change will be effective April 15, 2013.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2013	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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			
	<p>staff's use of the laundry room which limited resident use. She indicated residents had access to the laundry room on Monday, Friday, Saturday, and Sunday. However, many residents voiced concern over not having enough time allotted to them to do their laundry. LPN #1 indicated housekeeping staff were in the residents' laundry room all day on Tuesday, Wednesday, and Thursday.</p> <p>On 3/18/13 at 1:00 P.M., the General Manager provided the following documents:</p> <p>A "Resident Grievance Procedure," no date, included, but was not limited to, "All complaints and grievances shall be responded to timely by investigating the situation of concern and making attempts to resolve to the satisfaction of those individuals voicing concerns... The General Manager and Director of Health Services are responsible for the investigation of the concern, the development and implementation of a plan, and the resolution of the concern, including follow-up..."</p> <p>A "Grievances Addressed from Resident Council in last 3 months," no date, included, but was not limited to, "January [2013]... Issues with the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2013	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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			
	<p>laundry room were brought to the General Manager... The Council President was reminded that Friday through Monday, every evening, and early morning hours are best to gain access. Council President was also encouraged to remind people [residents] of the time frames and cycle times posted..."</p> <p>A "Resident Resource" dated July, 2012, included, but was not limited to, "Resident Laundry Room... The Resident Laundry Room can be a busy place! If you are looking to beat the rush, try using the washers and dryers Friday thru [sic] Monday or come in the evening any day of the week. Mid-week, our housekeepers do wash the residents [sic] sheet and towels while cleaning the apartments..." At that time, in an interview, the General Manager indicated the document was posted in the laundry room to inform residents of the housekeeping staff's schedule.</p> <p>On 3/18/13 at 3:15 P.M., during exit conference, the General Manager indicated the facility had placed an advertisement recently for an evening or night housekeeping staff. She indicated she could not make someone take a job [to do the facility laundry on the night shift] and the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
---	--

(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
	facility did not have room for additional laundry facilities at this time.			