

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012394</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUGAR GROVE SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5865 SUGAR LN</b> <b>PLAINFIELD, IN 46168</b>		
(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 the Investigation of Complaint IN00247622.</p> <p>Complaint IN00247622 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: January 26, 2018</p> <p>Facility number: 012394</p> <p>Residential Census: 151</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 IN00247622.</p> <p>Quality review completed January 31, 2018.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE