STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR FORK CROSSING	1745 EAST 67TH STREET, ANDERSON, , 46013

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 467621, 467521, and 467402. Intake 467621 - State deficiencies related to the allegations are cited at R0086 and R0090. Intake 467521 - No deficiencies related to the allegations are cited. Intake 467402 - No deficiencies related to the allegations are cited. Survey dates: February 5 and 6, 2026 Facility number: 014080 Residential Census: 94 These State Residential Findings are cited in accordance with 410 IAC 16.2-5.	R 0000	This Plan of Correction is submitted under regulations applicable to long-term care providers. This Plan of Correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. The preparation/ submission and/or execution of this Plan does not constitute agreement by the facility that the surveyor’s findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any deficiencies are correctly applied. Submission of this Plan is evidence of compliance.	

	Quality review completed February 17, 2026.			
R 0086	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(a)(1-2) The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management; (C) operation; and (D) control; of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee. Based on interview and record review, the facility failed to ensure allegation of theft/ misappropriation of resident property was reported to the policy in accordance with state law for 2 of 2 residents reviewed regarding allegations of theft and/or misappropriation (Residents C and D). Findings include: 1. A 1/7/26,	R 0086	The community's Director of Health and Wellness, or their designee, contacted the Local Police Department to complete the police report for Resident C and Resident D.The community's Executive Director obtained Police Report on 2.24.2026 for resident C and Resident D in accordance with the state requirements. The community's Director of Health and Wellness reviewed all incidents that had occurred from December, 2025 through February, 2026 to identify those that may not have been reported to the Indiana Department of Health and/or law enforcement. The review was completed on2/26/2026. No additional unreported unusual occurrences were identified during this review. The community's Executive Director obtained IDOH Incident Reporting access for the community's Director of Health and Wellness as a designee in the event of Executive Director absence, as of 2/23/2026. The community's Director of Health and Wellness, or their designee, shall complete an in-service utilizing the community's Abuse	02/23/2026

	"Grievance/Complaint Form", indicated Resident C had reported $400.00 was missing from his room. The form indicated the facility would begin an investigation. The form did not indicate the Indiana Department of Health or Police had been notified of the allegation. During an interview on 2/2/26 at 11:02 a.m., Resident C indicated he had $400.00 (four hundred dollars) taken from his room. The cash had been under a basket on a table in his room. The event occurred about a month ago. He informed facility leadership. The facility had done an investigation. They were unable to identify who took the money. The facility gave him a "strong box" for his room. He never spoke to a police officer in relation to the theft. During an interview on 2/5/26 at 11:18 a.m., the Administrator indicated the facility had not contacted the police regarding Resident C's allegation of missing money because they couldn't "prove" money was taken. She then indicated an allegation of theft had been made. 2. A 12/7/25, Grievance/Complaint Form" indicated Resident D's family had reported her wedding ring		and Neglect reporting policy with current community Team Members by 03/15/2026. Current community Team Members who have not completed this in-service shall be removed from the schedule until completion. Evidence of completion shall be documented with an Inservice Attendance Log, and maintained with the community's training files. The community's Abuse and Neglect Reporting Policy shall be reviewed with each community Team Member during the onboarding process, with a documentation of completion within the onboarding program maintained in the Team Member's personnel file. The Executive Director will complete an in-service with the Director of Health and Wellness utilizing the community's Abuse and Neglect Reporting policy by 3/15/2026 The community's Director of Health and Wellness, or their designee, shall review incidents and reporting within the community's electronic medical record for incidents that are deemed to be self-reported to the Department of Health and/or law enforcement. The community's Executive Director shall verify that any identified state-reportable incidents has been reported to the Indiana Department of Health and/or law	

	was missing. The form indicated the facility would complete an investigation regarding the missing wedding ring. The form did not indicate the Indiana Department of Health or Police had been notified of the allegation. During an interview on 2/5/26 at 2:45 p.m., the DON indicated the facility had not contacted the police regarding Resident D's missing money or Resident C's missing wedding ring. The facility did not realize they needed to report all allegations of theft. During an interview on 2/6/26 at 9:50 a.m. , the Administrator indicated she had been on vacation when both events occurred and believed all necessary agencies had been contacted. The facility was aware they must follow all laws and regulations. During an interview on 2/6/26 at 11:00 a.m., the DON and Administrator indicated the understood they must comply with the "Elder Justice Act." Review of The "ELDER JUSTICE ACT UNDER §6703(B)(3) OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010" indicated the following: "Each employee, agent, contractor, manager, owner, or		enforcement. Such review and verification shall occur weekly for 3 months and then monthly for 6 months.	

	operator of this facility is individually responsible to report the reasonable suspicion of a crime against a resident. ... Reports of the reasonable suspicion of a crime against a resident of this facility must be made to the Indiana State Department of Health and a local law enforcement entity within 2 hours if there is serious bodily injury. If events causing the suspicion do not result in serious bodily injury, it must be reported within 24 hours after forming the suspicion. ..." A current, 12/9/21, facility policy titled, "Personal Property Theft and Loss", provided by the DON on 2/6/26 at 9:00 a.m., indicated the following: "...a. The community will promptly investigate any complaint or misappropriation or mistreatment of resident property...." A current, 9/28/23, facility policy titled "Abuse and Neglect Reporting Policy", provided by the DON on 2/5/26 at 12:05 p.m., indicated the following: "...Allegations of acts that could be considered abuse, neglect, or exploitation shall be reported to the state regulatory agency in accordance with state regulations...." This citation relates to Intake 467621.			

R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.	R 0090	The community's Executive Director immediately completed and submitted the appropriate incident report to the Indiana Department of Health Incident Reporting System for reported theft for Resident C and D.. The community's Director of Health and Wellness, or their designee, contacted the Local Police Department to complete the police report for Resident C and ResidentD.The community's Executive Director obtained Police Report on 2.24.2026 for resident C and Resident D in accordance with the state requirements. The community's Director of Health and Wellness reviewed all incidents that had occurred from December, 2025 through February, 2026 to identify those that may not have beenreported to the Indiana Department of Health and/or law enforcement. The review was completed on2/26/2026. No additional unreported unusual occurrences were identified during this review.	02/23/2026

	(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on interview and record review, the facility failed to ensure the Indiana State Department of Health was notified of allegations of theft/ misappropriation of resident property in accordance with state regulations for 2 of 2 residents reviewed regarding allegations of theft or misappropriation (Residents C		The community's Executive Director obtained IDOH Incident Reporting access for the community's Director of Health and Wellness as a designee in the event of Executive Director absence, as of 2/23/2026. The community's Director of Health and Wellness, or their designee, shall complete an in-service utilizing the community's Abuse and Neglect reporting policy with current community Team Members by 03/15/2026. Current community Team Members who have not completed this in-service shall be removed from the schedule until completion. Evidence of completion shall be documented with an Inservice Attendance Log, and maintained with the community's training files. The community's Abuse and Neglect Reporting Policy shall be reviewed with each community Team Member during the onboarding process, with a documentation of completion within the onboarding program maintained in the Team Member's personnel file. The Executive Director will complete an in-service with the Director of Health and Wellness utilizing the community's Abuse and Neglect Reporting policy by 3/15/2026 The community's Executive Director shall deploy Relias Module: Abuse: Preventing,	

	and D). Findings include: 1. A 1/7/26, "Grievance/Complaint Form", indicated Resident C had reported $400.00 was missing from his room. The form indicated the facility would begin an investigation. The form did not indicate the Indiana Department of Health or Police had been notified of the allegation. During an interview on 2/2/26 at 11:02 a.m., Resident C indicated he had $400.00 (four hundred dollars) taken from his room. The cash had been under a basket on a table in his room. The event occurred about a month ago. He informed facility leadership. The facility had done an investigation. They were unable to identify who took the money. The facility gave him a "strong box" for his room. He never spoke to a police officer in relation to the theft. During an interview on 2/5/26 at 11:18 a.m., the Administrator indicated the facility did not contact the Indiana Department of Health regarding Resident C's allegation of missing money because they couldn't "prove" money was taken. She then indicated an allegation of theft had been made.		Recognizing and Reporting to current community Team Members to complete no later than 03/15/2026. Current Community Team Members who have not completed this relias Module shall be removed from the schedule until completion. The Relias Module: Abuse: Preventing, Recognizing and Reporting shall be deployed for completion to all new team members during the onboarding process. The community's Director of Health and Wellness, or their designee, shall complete an in-service utilizing the community's policy on Resident Rights with the team no later than 03/15/2026. Evidence of completion shall be documented with an Inservice Attendance Log, and maintained with the community's training files. Current Community Team Members who have not completed the Inservice on Resident Rights shall be removed from the schedule until completion. The community's Resident Right Policy shall be completed with all new team members during the onboarding process. The community's Director of Health and Wellness, or their designee, shall complete an in-service utilizing the community's policy on	

	2. A 12/7/25 Grievance/Complaint Form" indicated Resident D's family reported her wedding ring was missing. The form indicated the facility would complete an investigation regarding the missing wedding ring. The form did not indicate the Indiana Department of Health or Police had been notified of the allegation. During an interview on 2/5/26 at 2:45 p.m., the DON indicated the facility did not contact the Indiana Department of Health regarding Resident D's missing money or Resident C's missing wedding ring. The facility did not realize they needed to report all allegations of theft. During an interview on 2/6/26 at 9:50 a.m. , the Administrator indicated she had been on vacation when both events occurred and believed all necessary agencies had been contacted. The facility was aware they must follow all laws and regulations. During an interview on 2/6/26 at 11:00 a.m., the DON and Administrator indicated the understood they must comply with the "Elder Justice Act."		Grievances with the team no later than 03/15/2026. Evidence of completion shall be documented with an Inservice Attendance Log, and maintained with the community's training files. Current Community Team Members who have not completed the in-service utilizing the community's policy on Grievances shall be removed from the schedule until completion. The Community's policy on Grievances shall be Inservice for completion to all new team members during the onboarding process. The community's Director of Health and Wellness will review all occurrences and reporting logs weekly for 3 months, then monthly for 6 months to ensure: • All unusual Occurrences have been properly documented and reported to IDOH and local authorities as necessary. The community's Executive Director shall verify that any identified state-reportable incidents has been reported to the Indiana Department of Health and/or law enforcement. Such review and verification shall occur weekly for 3 months and then monthly for 6 months.	

Review of The "ELDER JUSTICE ACT UNDER §6703(B)(3) OF THE PATIENT PROTECTION AND

AFFORDABLE CARE ACT OF 2010" indicated the following: "...Each employee, agent, contractor, manager, owner, or operator of this facility is individually responsible to report the reasonable suspicion of a crime against a

resident. ...Reports of the reasonable suspicion of a crime against a resident of this facility must be made to the Indiana State Department of Health and a local law enforcement entity within 2 hours if there is serious bodily injury. If events causing the suspicion do not result in serious bodily injury, it must be reported within 24 hours after forming the suspicion. ..."

A current, 12/9/21, facility policy titled, "Personal Property Theft and Loss", provided by the DON on 2/6/26 at 9:00 a.m., indicated the following: "...a. The community will promptly investigate any complaint or misappropriation or mistreatment of resident property."

A current, 9/28/23, facility policy titled, "Abuse and Neglect Reporting Policy", provided by the DON on 2/5/26 at 12:05 p.m., indicated the following:

	"...Allegations of acts that could be considered abuse, neglect, or exploitation shall be reported to the state regulatory agency in accordance with state regulations....." This citation relates to Intake 467621.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURELorena Glover	TITLEExecutive Director	(X6) DATE03/05/2026