STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/15/2023

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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00402597 completed on April 11, 2023. Complaint IN00402597 - Corrected. Survey date: May 15, 2023 Facility number: 014080 Residential Census: 87 Sugar Fork Crossing was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00402597. Quality review completed May 16, 2023. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00402597 completed on April 11, 2023. Complaint IN00402597 - Corrected.	R 0000		

	Survey date: May 15, 2023 Facility number: 014080 Residential Census: 87 Sugar Fork Crossing was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00402597. Quality review completed May 16, 2023.			

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 SIGNATURE	TITLE	(X6) DATE