

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>06/21/2017</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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Residential Complaints IN00230491 and IN00231791.</p> <p>Complaint IN00230491 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00231791 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 20 &amp; 21, 2017</p> <p>Facility number: 012394 Provider number: 012394 AIM number: N/A</p> <p>Residential census: 115</p> <p>Sugar Grove Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaints IN00230491 and IN00231791.</p> <p>Quality review completed on June 28, 2017.</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE