PRINTED: 08/23/2024 FORM APPROVED OMB NO. 0938-039

08/21/2024

l ' '		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING 00		COMPLETED		
			B. WING		07/23/2024		
NAME OF F	ROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP COD			
SUGAR GROVE SENIOR LIVING COMMUNITY			5865 SUGAR LN PLAINFIELD, IN 46168				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE		
R 0000							
Bldg. 00							
ычу. 00	This visit was for the Investigation of Complaints IN00438215, IN00438357, IN00437915, and IN00438231.		R 0000				
	the allegations are Complaint IN0043 the allegations are Complaint IN0043 the allegations are	8357 - No deficiencies related to cited. 7915 - No deficiencies related to cited. 8231 - State deficiencies related					
	Survey dates: July	23, 2024					
	Facility number: 0	012394					
	Residential Census	s: 116					
	These State Reside accordance with 41	ential Findings are cited in 10 IAC 16.2-5.					
	Quality review cor	npleted on July 31, 2024.					
R 0154 Bldg. 00	(k) The facility sh kitchen areas, co equipment, and u	afety Standards - Deficiency all keep all kitchens, mmon dining areas, itensils clean, free from litter maintained in good repair in					
	Based on observations and interviews, the facility failed to maintain adequate rinse temperatures for the dishwasher for 1 of 1 dishwasher observed which had the potential to affect 116 of 116 residents served from the kitchen.	R 0154	July 31, 2024 Re: IDOH Complaint Survey 7/10/2024 Complaint #IN004438231 To Whom it May Concern: Preparation and submission o	08/31/2024 f this			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			NATURE	TITLE	(X6) DATE		

Jacqueline Mullins

Executive Director

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed.

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 disclo 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.

State Form Event ID: 292R11 Facility ID: 012394 If continuation sheet Page 1 of 3

PRINTED: 08/23/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	a. building <u>00</u>		COMPLETED		
			B. WING			07/23/	2024
				CTD FET	ADDRESS STEW STATE ZID COD		
NAME OF I	ROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
SUGAR GROVE SENIOR LIVING COMMUNITY					UGAR LN		
SUGAR	JRUVE SENIUR L	IVING COMMONTY		PLAINF	FIELD, IN 46168		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CONCROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG			DATE
	Findings include:				statement of correction does not		
					constitute an admission or		
	During an observation on 7/23/24 at 11:25 a.m., a				agreement by the provider of the		
	cycle was initiated to test the temperatures of the				truth of the facts alleged or of the		
	dishwasher. The wash cycle was 154 degrees				correctness of the conclusion		
	Fahrenheit (F), and the final rinse cycle was 167				stated on the statement of		
	degrees F.				deficiencies. This statement of		
					correction is prepared and		
	During an observation on 7/23/24 at 12:17 p.m.,				submitted solely because of		
	the dishwasher temperature was tested again.				requirements under state and		
	This time the wash cycle was 162 degrees F, and				federal laws. We cordially requ	uest	
	the final rinse cycle was 172 degrees F.				a desk review regarding the		
					alleged deficiencies in lieu of a	any	
	During an observation on 7/23/24 at 12:19, the				revisit.		
	dishwash was tested again. The wash cycle was				R 154– Sanitation and Safety		
	158 degrees F, and the final rinse was 165 degrees				Standards- Deficiency		
	F.				It is the intent of this facility to		
					ensure that the dishwasher		
	The dishwasher machine had a label on the front,				maintains adequate rinse		
	bottom left of the machine, and it indicated the				temperatures of 165 degrees		
	wash cycle should be at least 150 degrees F and				Fahrenheit (f) during the wash		
	the rinse cycle should be at least 180 degrees F.				cycle and 180 degrees Fahrenheit		
					(f) during the rinse cycle.		
	Temperature logs were provided for the months of				Corrective Action: The facility will		
	June and July 2024. The morning (AM)				monitor to ensure that the		
	temperature checks were noted to have only 3				dishwasher temperatures maintain		
	days in a two-month period where the				the wash cycle at a temperature of		
	temperatures made it to 180 degrees F or greater.				165 degrees Fahrenheit (f) and the		
	The afternoon (PM) temperatures for all of June				rinse cycle at a temperature of		
	were under 180 degrees F. The PM temperatures				180 degrees Fahrenheit (f) and/or		
	for July were greater than 180 degrees F, except for three times.			utilize the 3-compartment sink and			
	for three times.				sanitize. Identification of other residents: All		
	During an interview with the Dietow Manager or						
	During an interview with the Dietary Manager on 7/23/24 at 12:18 p.m., she indicated the machine			residents have the potential to be			
	rarely got to 180 degrees F.				affected by the deficient practi An audit of the last 30 days of		
	rarely got to 180 degrees r.				100% of residents will be		
	A policy titled "Dick Machine One "-ti"				conducted to determine if there	0	
	A policy titled, "Dish Machine Operation," was provided by the Executive Director (ED) on				have been recent condition	-	
	7/23/24 at 11:55 a.m. It indicated, "Check the						
	//25/24 at 11:55 a.m. It indicated, " Check the				changes. Notifications as		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00		(X3) DATE SURVEY COMPLETED			
			B. WI	NG		07/23/	2024	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN					
SUGAR GROVE SENIOR LIVING COMMUNITY			PLAINFIELD, IN 46168					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE		COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE	
	dishwasher machine each morning before the first				appropriate will be made in			
	set of dishes are to be washed It is generally				accordance with the audit findings.			
	recommended to allow the dishwashing machine to cycle for one or two cycles to allow				These audits will be completed			
		to cycle for one or two cycles to allow dishwashing machine to come up to proper		0/31/2024.				
	function Empty dishwashing machine, check				l - Measures: Upon orientation w			
	nozzles and empty bottom screen and restart the				new staff, training will be provided			
	dishwashing machine"				regarding adequate temperatures			
					for the wash cycle of 165 degrees			
	This State tag relates to Complaint IN00438231.			Fahrenheit (f) and rinse cycle 1				
					degrees Fahrenheit (f). All dietary			
					staff in the community will be			
				educated on the state regulation				
					and Community Policy entitled			
					"Dish Machine Operation."	ا		
					All dietary staff will be educate by 8/31/2024.	eu		
					Executive Director \ Designee			
					collaboration with the Dietary			
					Director will review audits with	QA		
					Committee monthly x 3 month			
					and will continue to review aud			
					results monthly for duration of			
					extended timeframe as applica			
					Date of Completion: 8/31/2202	<u>24</u>		
			1					

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