

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2022
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NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
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(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 Complaints IN00387587, IN00387672, and IN00388913.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to a PSR to Complaint IN00375925 completed on June 10, 2022.</p> <p>Complaint IN00387587 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387672 - Unsubstantiated due to lack of evidence</p> <p>Complaint IN00388913 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00375925 - Corrected.</p> <p>Survey date: August 30, 31, and September 1, 2022</p> <p>Facility number: 012394</p> <p>Residential Census: 99</p> <p>Sugar Grove Senior Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00387587, IN00387672, and IN00388913.</p> <p>Quality review completed on September 7, 2022.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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