STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012394	A. BUILDING: _____ B. WING _____	C 01/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR GROVE SENIOR LIVING	5865 SUGAR LN PLAINFIELD, IN 46168

(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	INITIAL COMMENTS This visit was for the investigation of Complaint IN00217895. Complaint IN00217895 Unsubstantiated. Allegation did not occur. Survey Date: January 27, 2017 Facility number: 012394 Provider number: 012394 AIM number: N/A Residential census: 113 Sample: 03 Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00217895. Q.R. completed by 14466 on January 30, 2017.	R 000		