

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/15/2023
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NAME OF PROVIDER OR SUPPLIER SUGAR FORK CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 67TH STREET ANDERSON, IN 46013
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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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00402597 completed on April 11, 2023.</p> <p>Complaint IN00402597 - Corrected.</p> <p>Survey date: May 15, 2023</p> <p>Facility number: 014080</p> <p>Residential Census: 87</p> <p>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.</p> <p>Quality review completed May 16, 2023.</p>	{R 000}		

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