

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

PRINTED: 12/01/2022

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2022
NAME OF PROVIDER OR SUPPLIER PRIMROSE MEMORY CARE OF ANDERSON		STREET ADDRESS, CITY, STATE, ZIP COD 2101 N MADISON AVENUE ANDERSON, IN 46011		
(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) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00391517.</p> <p>Complaint IN00391517 - Substantiated. State Residential Finding related to the allegations is cited at R0116.</p> <p>Survey date: October 17, 2022</p> <p>Facility number: 013811</p> <p>Residential Census: 11</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 18, 2022</p>	R 0000		
R 0116 Bldg. 00	<p>410 IAC 16.2-5-1.4(a)</p> <p>Personnel - Noncompliance</p> <p>(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on record review and interview, the facility failed to complete criminal history check and follow up on a probationary license prior to employment for 2 of 5 employees records reviewed. (Dietary Manager and LPN1)</p> <p>Findings include:</p> <p>Employee Records were reviewed on 10/17/2022 at</p>	R 0116	<p>A new criminal background check was completed on the Dining Services Manager. He is restricted from working in the community until the results of the fingerprint check have been secured. The original probation order for LPN #1 was secured which shows she may work as a</p>	10/30/2022

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

TITLE

(X6) DATE

Hervey L. Lawrence

Administrator

10/30/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2022
NAME OF PROVIDER OR SUPPLIER PRIMROSE MEMORY CARE OF ANDERSON		STREET ADDRESS, CITY, STATE, ZIP COD 2101 N MADISON AVENUE ANDERSON, IN 46011		
(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) COMPLETION DATE
	<p>12:15 p.m., with the following observed:</p> <p>1. The Dietary Manager was hired 7/5/2022. A criminal history check indicated it was inconclusive and had not been completed.</p> <p>2. LPN 1 was hired 8/25/2022. At the time of hire LPN 1's license had been placed on probation since 4/12/2021. The facility had no documented restrictions or follow-up to indicate what the probationary restrictions were. The facility indicated LPN 1 told them the probation was due to be lifted 10/31/2022, but had no written documentation to support the statement. LPN 1 had worked approximately 370 hours since date of hire.</p> <p>During an interview on 10/17/2022 at 1:00 p.m., the Administrator indicated the criminal background checks and license checks were initiated and completed by the Business Office Manager (BOM).</p> <p>During an interview on 10/17/2022 at 2:00 p.m., the BOM indicated the criminal background check for the Dietary Manager had been inconclusive and an application for fingerprinting had been initiated. There had been no follow-up with the Dietary Manager to determine if the fingerprints had been obtained or the outcome of the background check. The BOM indicated the facility should have done a follow-up. The BOM indicated the Director of Nursing (DON) pulls up the license for nursing staff prior to the interview. The BOM did not know how LPN 1's license suspension had been missed or if there were any restrictions related to the suspension.</p> <p>During an interview on 10/17/2022 at 2:18 p.m., the DON indicated she knew LPN 1 prior to her</p>		<p>nurse with no restrictions. The community is abiding by the indefinite probationary order by the IN Nursing Board.</p> <p>An audit of all employee personnel records was conducted to ensure all employees have a completed criminal history check and have proper licensure.</p> <p>Primrose Hiring Workflow was reviewed without change which requires a criminal background check be completed on all new employees prior to hire. The LPN job description was reviewed without change which requires a nurse to have a current, active nursing license in the State in which the community is located. All management staff will be educated on the hiring workflow and the licensure requirement for nurses. All probationary licenses will be investigated prior to hire to determine if the individual has any restrictions and to comply with the professional licensing agency with regard to reporting. The Business Office Manager will complete a new hire checklist on every new employee to ensure licensure and criminal history checks are completed for all new hires prior to them having access to residents.</p> <p>The Executive Director or his representative will audit all new hire checklists weekly for 30 days,</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2022
NAME OF PROVIDER OR SUPPLIER PRIMROSE MEMORY CARE OF ANDERSON		STREET ADDRESS, CITY, STATE, ZIP COD 2101 N MADISON AVENUE ANDERSON, IN 46011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE
	<p>current position and felt she was a good nurse. The DON was aware of the license suspension and was given permission to hire LPN 1 from her immediate supervisor. The DON was unable to verbalize if there were any restrictions related to the license suspension.</p> <p>During an interview on 10/17/2022 at 2:25 p.m., The Administrator indicated the Dietary Manager could not be reached via telephone or text. The Administrator indicated the facility should have followed-up on the background check. The Administrator indicated the facility had attempted to contact the fingerprint agency during the survey, but had been unsuccessful. The facility had no policy for criminal background checks.</p> <p>No further information was provided at time of exit.</p> <p>This state tag relates to complaint IN00391517.</p>		then bi-weekly for 30 days, then monthly for 90 days to ensure the criminal background checks and verification of licenses are obtained prior to hire. Results of these audits will be reported to the QA committee for further monitoring.	