

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013846	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/28/2022
NAME OF PROVIDER OR SUPPLIER PRIMROSE OF NEWBURGH		STREET ADDRESS, CITY, STATE, ZIP CODE 9800 LINCOLN AVE NEWBURGH, IN 47630		
(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 Complaint IN00383537.</p> <p>Complaint IN00383537- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: December 27, 28, 2022</p> <p>Facility number: 013846</p> <p>Residential Census: 62</p> <p>Primrose of Newburgh was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00383537.</p> <p>Quality review was completed on January 3, 2022.</p>	R 000		

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

TITLE

(X6) DATE