

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 04/24/2025
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NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF ANDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 W CROSS ST ANDERSON, IN 46011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00454759.</p> <p>Complaint IN00454759 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 23 and 24, 2025</p> <p>Facility number: 011806</p> <p>Residential Census: 34</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 28, 2025.</p>	R 0000		
R 0409 Bldg. 00	<p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance</p> <p>Based on record review and interview, the facility failed to verify by statement annually that residents were free from infectious tuberculosis for 4 of 7 residents reviewed for annual health statements. (Resident 13, Resident 18, Resident 6, and Resident 32)</p> <p>Findings include:</p> <p>Resident 13's clinical record was reviewed on 4/24/25 at 10:30 a.m. and lacked an annual health statement.</p> <p>Resident 18's clinical record was reviewed on 4/24/25 at 12:08 p.m. and lacked an annual health statement.</p>	R 0409	<p>The annual health statements of resident 13 , Resident 18, Resident 6, and resident 32 have been updated to show that they have no evidence of communicable disease.</p> <p>All residents' records have been audited to ensure they have an annual health statement showing they have no evidence of communicable disease.</p> <p>Community policy "TB Control Plan" was reviewed without change. Staff will be re-educated</p>	05/11/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Hervey Lawrence	Administrator	05/10/2025

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.

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	<p>Resident 6's clinical record was reviewed on 4/24/25 at 3:10 p.m. and lacked an annual health statement.</p> <p>Resident 32's clinical record was reviewed on 4/24/25 at 4:02 p.m. and lacked an annual health statement.</p> <p>During an interview on 4/24/25 at 5:01 p.m., the DON indicated she was unable to provide annual health statements for Resident 13, Resident 18, Resident 6, and Resident 32.</p> <p>During an interview on 4/24/25 at 5:24 p.m., the Administrator indicated he was unable to provide a policy on the annual health statements.</p> <p>A policy for annual health statements was not provided prior to survey exit on 4/24/25.</p>		<p>on the importance of all residents having an annual health statement showing they have no evidence of communicable disease signed by each resident's primary care physician. The resident's medical record will be reviewed with each evaluation to ensure an annual health statement showing they have no evidence of communicable disease is documented.</p> <p>The Director of Nursing or her designee will audit 5 charts weekly X30 days, then another 5 charts bi-weekly X60 days, then another 5 charts monthly X30 days to ensure annual health statements showing no evidence of communicable disease signed by the primary physician is in place in the residents' charts. Results of these audits will be reported to the QA committee for further monitoring and action. A percentage of 95% compliance would be the acceptable threshold.</p>	