STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF KOKOMO	329 W RAINBOW DR, KOKOMO, , 46901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: April 15 and 16, 2025 Facility number: 011555 Residential Census: 55 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on April 17, 2025.	R 0000		
R 0409	Infection Control - Noncompliance 410 IAC 16.2-5-12(d) (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.	R 0409	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The annual health statements of residents # 21, 54 & 66 have been updated to show that they have no evidence of communicable disease. Residents #82 & 83 are deceased. 2. How will other residents having	05/09/2025

	Based on interview and record review, the facility failed to ensure an annual health statement was provided which showed the resident had no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter for 5 of 7 residents reviewed for annual health statements. (Resident 21, 66, 54, 82 and 83) Findings include: 1. The clinical record for Resident 21 was reviewed on 4/15/25 at 11:40 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and chronic kidney disease dependent on dialysis. The resident was admitted to the facility on 12/6/24. The facility was unable to provide a current annual health statement. 2. The clinical record for Resident 66 was reviewed on 4/15/25 at 11:52 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and macular degeneration. The resident was admitted to the facility on 11/16/23.		the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken: All assisted living residents have the potential to be affected by the alleged deficient practice. All assisted living residents will have an annual health statement showing they have no evidence of communicable disease. All assisted living residents' records will be reviewed to ensure they have an annual health statement showing they have no evidence of communicable disease. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice(s) does not recur; Prescriber Medication Orders policy was reviewed without change. Staff will be re-educated on the importance of all assisted living 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. 4. How will the corrective action(s)	

	The facility was unable to provide a current annual health statement. 3. The clinical record for Resident 54 was reviewed on 4/15/25 at 2:15 p.m. The diagnoses included, but were not limited to, hypertension, compression fracture of T12, and restless leg syndrome. The resident was admitted to the facility on 8/30/23. The facility was unable to provide a current annual health statement. 4. The clinical record for Resident 82 was reviewed on 4/15/25 at 4:29 p.m. The diagnoses included, but were not limited to, chronic leg wounds, memory loss, hypertension, and hyperlipidemia. The resident was admitted to the facility on 11/25/19. The facility was unable to provide a current annual health statement. 5. The clinical record for Resident 83 was reviewed on 4/16/25 at 9:22 a.m. The diagnoses included, but were not limited to, hypertension and osteoarthritis.		be monitored to ensure solutions are sustained and the deficient practice will not recur. A plan must be developed to make sure correction is achieved and sustained (i.e., what quality assurance program will be put into place); The Director of Nursing or designee will audit 5 charts weekly x4 weeks, 5 charts bi-weekly for 8 weeks, and 5 charts monthly x 1 month to ensure annual health statement showing no evidence of communicable disease signed by primary care physician is in place in resident chart. Director of Nursing will report to the Quality Assurance committee results of audit to ensure compliance. A percentage of 95% would be the acceptable threshold. The Quality Assurance committee will review the findings monthly and take appropriate actions if needed.	

The resident was admitted to the facility on 9/8/16.

The facility was unable to provide a current annual health statement.

During an interview, on 4/16/25 at 10:00 a.m., the Director of Nursing indicated all resident information had been provided. The facility was not able to provide the annual health statement for Resident 66, 83, 21, 82 and 54.

A current facility policy, titled "TB Control Plan," dated as revised 12/31/18 and received from the Executive Director on 4/16/25 at 11:02 p.m., indicated "...This assessment will determine the screening, monitoring, education, and controls needed for their community...It is the policy...to adhere to all applicable State Licensing Regulations and Local Requirement as well as the Nurse Practice Act in the provision of health and wellness services to our residents...."

Based on interview and record review, the facility failed to ensure an annual health statement was provided which showed the resident had no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter for 5 of 7 residents reviewed for annual health statements.

(Resident 21, 66, 54, 82 and 83)

Findings include:

1. The clinical record for Resident 21 was reviewed on 4/15/25 at 11:40 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and chronic kidney disease dependent on dialysis.

The resident was admitted to the facility on 12/6/24.

The facility was unable to provide a current annual health statement.

2. The clinical record for Resident 66 was reviewed on 4/15/25 at 11:52 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and macular degeneration.

The resident was admitted to the facility on 11/16/23.

The facility was unable to provide a current annual health statement.

3. The clinical record for Resident 54 was reviewed on 4/15/25 at 2:15 p.m. The diagnoses included, but were not limited to, hypertension, compression fracture of T12, and restless leg syndrome.

The resident was admitted to

	the facility on 8/30/23. The facility was unable to provide a current annual health statement. 4. The clinical record for Resident 82 was reviewed on 4/15/25 at 4:29 p.m. The diagnoses included, but were not limited to, chronic leg wounds, memory loss, hypertension, and hyperlipidemia. The resident was admitted to the facility on 11/25/19. The facility was unable to provide a current annual health statement. 5. The clinical record for Resident 83 was reviewed on 4/16/25 at 9:22 a.m. The diagnoses included, but were not limited to, hypertension and osteoarthritis. The resident was admitted to the facility on 9/8/16. The facility was unable to provide a current annual health statement.			

	During an interview, on 4/16/25 at 10:00 a.m., the Director of Nursing indicated all resident information had been provided. The facility was not able to provide the annual health statement for Resident 66, 83, 21, 82 and 54. A current facility policy, titled "TB Control Plan," dated as revised 12/31/18 and received from the Executive Director on 4/16/25 at 11:02 p.m., indicated "...This assessment will determine the screening, monitoring, education, and controls needed for their community...It is the policy...to adhere to all applicable State Licensing Regulations and Local Requirement as well as the Nurse Practice Act in the provision of health and wellness services to our residents...."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE