

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/28/2022	
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaints IN00389913 and IN00391844. Complaint IN00389913 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00391844 - Substantiated. No deficiencies related to the allegations are cited. Survey date: November 28, 2022 Facility number: 011555 Residential: 70 Primerose Retirement Community of Kokomo was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00389913 and IN00391844.	R 0000					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

	Quality review was completed on December 1, 2022.			
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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.)				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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