

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/05/2022
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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00386391 completed on August 12, 2022. This visit was in conjunction with the PSR to the Investigation of Complaint IN00381855 completed on July 27, 2022. Complaint IN00386391-Corrected. Complaint IN00381855-Corrected. Survey date: October 5, 2022 Facility number: 011555 Residential Census: 65 Primrose Retirement Community of Kokomo was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00386391. Quality review was completed	R 0000			

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

	on October 11, 2022.			
R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.	R 0064		
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