STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF ANDERSON	1118 W CROSS ST, ANDERSON, , 46011

(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 IN00434376 and IN00434307. Complaint IN00434376 - No deficiencies related to the allegations are cited. Complaint IN00434307 - No deficiencies related to the allegations are cited. Survey dates: June 5 and 6, 2024 Facility number: 011806 Residential Census: 39 Primrose Retirement Community of Anderson was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00434376 and IN00434307. Quality review completed June 6, 2024.	R 0000		

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