STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/11/2024

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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00423661. Complaint IN00423661 - State deficiencies related to the allegations are cited at R0269. Survey dates: January 10 & 11, 2024 Facility number: 011806 Residential Census: 35 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 16, 2024.	R 0000		
R 0269	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(b) (b) The menu or substitutions, or both, for all meals shall be	R 0269	What corrective action will be accomplished for those residents found to have been affected by the deficient practice?	01/26/2024

	approved by a registered dietician. Based on record review and interview, the facility failed to have resident meal menus reviewed and approved by a Registered Dietician for nutritional requirements. This deficient practice had the potential to impact 35 of the 35 residents residing in the facility. Findings include: During an interview on 1/10/24 at 11:15 a.m., the Administrator indicated the facility had not had a Dietary Manager since 11/20/23. The Registered Dietician was a contracted service provider who works for the facility on a quarterly schedule and could be available as needed. The current menus for the dietary department were developed on a weekly basis and were not reviewed by the dietician. She believed the previous dietary manager had them reviewed, but had no documentation of these reviews. During an interview on 1/11/24 at 1:15 p.m., Cook 3 indicated he was currently working as the dietary manager until one could be hired. He developed the weekly menus by reviewing old menus and sent them to the facility managers each week. He was not aware of the menus being reviewed by a registered dietician and had no contact		1. Facility immediately coordinated with Registered Dietician for a base menu that dietitian will review and sign-off on. 2. New Dietary manager/Chef was hired on 1/26/2024. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by deficient practice. Immediate action was taken to contact the RD to have all menus reviewed for approval on 1/26/2024. RD reviewed 2 weeks of menus to ensure that same deficient wouldn't happen again. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? 1. Dining Manager or designee will create 4 – 6 weeks of menus and send to RD for approval. If menu changes are needed, dining manager or designee will update what is on the menu and email to RD for review.	

	with the Registered Dietician. During an interview, on 1/10/24 at 11:15 a.m., the Administrator indicated the facility had no policy and procedure for menu development, and a request to speak with the Registered Dietician was denied. This deficiency relates to Complaint IN00423661. Based on record review and interview, the facility failed to have resident meal menus reviewed and approved by a Registered Dietician for nutritional requirements. This deficient practice had the potential to impact 35 of the 35 residents residing in the facility. Findings include: During an interview on 1/10/24 at 11:15 a.m., the Administrator indicated the facility had not had a Dietary Manager since 11/20/23. The Registered Dietician was a contracted service provider who works for the facility on a quarterly schedule and could be available as needed. The current menus for the dietary department were developed on a weekly basis and were not reviewed by the dietician. She believed the previous dietary manager had them reviewed, but had no documentation of these reviews. During an interview on 1/11/24		2. Dining Manager or designee will send to RD to review and sign prior to the week/day of the planned menu. 3. When new manager/chef is in place she will create menus with spreadsheets and recipes. 4. When completed it will be sent to the RD to approve and sign. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place? 1. Dining Manager or designee will contact RD weekly for 4 weeks and monthly ongoing to ensure deficient practice does not recur. 2. Executive Director or designee will contact RD weekly for 4 weeks and monthly ongoing to ensure deficient practice does not recur. By what date the systemic changes will be completed. 1/26/2024	

	at 1:15 p.m., Cook 3 indicated he was currently working as the dietary manager until one could be hired. He developed the weekly menus by reviewing old menus and sent them to the facility managers each week. He was not aware of the menus being reviewed by a registered dietician and had no contact with the Registered Dietician. During an interview, on 1/10/24 at 11:15 a.m., the Administrator indicated the facility had no policy and procedure for menu development, and a request to speak with the Registered Dietician was denied. This deficiency relates to Complaint IN00423661.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to prevent the consumption of unpasteurized eggs for the preparation of soft-cooked eggs for 12 residents. This deficiency has the potential to affect 35 of 35	R 0273	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? -Immediately the facility ordered pasteurized eggs and eggs were delivered the following day (1/11/24). How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -All residents have the potential to be affected by the deficient practice. Administrator conducted an in-service for the kitchen staff to	01/26/2024

residents residing in the facility.

Findings include:

During a kitchen tour on 1/10/24 at 9:30 a.m., a box containing whole, unpasteurized eggs was observed in the refrigerator. During an interview at the time of the observation, Cook 1 indicated these eggs were used for breakfast. Eighteen residents utilized the dining room for breakfast every morning. This morning, she had cooked over-easy eggs for 10 residents and sunny-side up eggs for two other residents.

A current facility menu, provided on 1/10/24 at 9:30 a.m. by the Administrator, indicated the breakfast meal was an a la carte menu. Resident choices for egg preparation included scrambled, poached, over-easy, or omelet.

During an interview, on 1/10/24 at 10:30 a.m., Cook 2 indicated he was the interim kitchen manager and was not aware of the concerns with unpasteurized eggs in food preparation.

A current facility policy, dated 9/12/18, provided by the Administrator on 1/11/24 at 3:25 p.m. and titled, " HAACP-Based SOP-Receiving" indicated the following: "... 6. Accept only pasteurized dairy products...."

Based on observation, interview, and record review, the

educate the use for pasteurized eggs.

What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?

-Dietary Manager or designee will order pasteurized eggs weekly or when needed.

By what date the systemic changes will be completed.

-1/10/24

facility failed to prevent the consumption of unpasteurized eggs for the preparation of soft-cooked eggs for 12 residents. This deficiency has the potential to affect 35 of 35 residents residing in the facility.

Findings include:

During a kitchen tour on 1/10/24 at 9:30 a.m., a box containing whole, unpasteurized eggs was observed in the refrigerator. During an interview at the time of the observation, Cook 1 indicated these eggs were used for breakfast. Eighteen residents utilized the dining room for breakfast every morning. This morning, she had cooked over-easy eggs for 10 residents and sunny-side up eggs for two other residents.

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	SOP-Receiving" indicated the following: "... 6. Accept only pasteurized dairy products...."			

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