STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/24/2025

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 IN00454759. Complaint IN00454759 - No deficiencies related to the allegations are cited. Survey dates: April 23 and 24, 2025 Facility number: 011806 Residential Census: 34 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 28, 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	R 0409	The annual health statements of resident 13 , Resident 18, Resident 6, and resident 32 have been updated to show that they have no evidence of communicable	05/11/2025

	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. Based on record review and interview, the facility failed to verify by statement annually that residents were free from infectious tuberculosis for 4 of 7 residents reviewed for annual health statements. (Resident 13, Resident 18, Resident 6, and Resident 32) Findings include: Resident 13's clinical record was reviewed on 4/24/25 at 10:30 a.m. and lacked an annual health statement. Resident 18's clinical record was reviewed on 4/24/25 at 12:08 p.m. and lacked an annual health statement. Resident 6's clinical record was reviewed on 4/24/25 at 3:10 p.m. and lacked an annual health statement. Resident 32's clinical record was reviewed on 4/24/25 at 4:02 p.m. and lacked an annual health statement. During an interview on 4/24/25 at 5:01 p.m., the DON indicated she was unable to provide annual health statements for Resident 13, Resident 18,		disease. All residents' records have been audited to ensure they have an annual health statement showing they have no evidence of communicable disease. Community policy "TB Control Plan" was reviewed without change. Staff will be re-educated on the importance of all 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. The Director of Nursing or her designee will audit 5 charts weekly X30 days, then another 5 charts bi-weekly X60 days, then another 5 charts monthly X30 days to ensure annual health statements showing no evidence	

	Resident 6, and Resident 32. During an interview on 4/24/25 at 5:24 p.m., the Administrator indicated he was unable to provide a policy on the annual health statements. A policy for annual health statements was not provided prior to survey exit on 4/24/25. Based on record review and interview, the facility failed to verify by statement annually that residents were free from infectious tuberculosis for 4 of 7 residents reviewed for annual health statements. (Resident 13, Resident 18, Resident 6, and Resident 32) Findings include: Resident 13's clinical record was reviewed on 4/24/25 at 10:30 a.m. and lacked an annual health statement. Resident 18's clinical record was reviewed on 4/24/25 at 12:08 p.m. and lacked an annual health statement. Resident 6's clinical record was reviewed on 4/24/25 at 3:10 p.m. and lacked an annual health statement. Resident 32's clinical record was reviewed on 4/24/25 at 4:02 p.m. and lacked an annual health statement.		of communicable disease signed by the primary physician is in place in the residents' charts. Results of these audits will be reported to the QA committee for further monitoring and action. A percentage of 95% compliance would be the acceptable threshold.	

	During an interview on 4/24/25 at 5:01 p.m., the DON indicated she was unable to provide annual health statements for Resident 13, Resident 18, Resident 6, and Resident 32. During an interview on 4/24/25 at 5:24 p.m., the Administrator indicated he was unable to provide a policy on the annual health statements. A policy for annual health statements was not provided prior to survey exit on 4/24/25.			

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