STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE MEMORY CARE OF ANDERSON	2101 N MADISON AVENUE, 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 Intake 470334. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Intake 469215 completed on April 30, 2026. Intake 470334 - No deficiencies related to the allegations are cited. Intake 469215 - Corrected. Survey dates: June 22 and 23, 2026 Facility number: 013811 Residential Census: 21 Primrose Memory Care of Anderson was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intake 470334.	R 0000		

	Quality review completed June 26, 2026.			

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