

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

PRINTED: 04/30/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 04/16/2025	
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO				STREET ADDRESS, CITY, STATE, ZIP COD 329 W RAINBOW DR KOKOMO, IN 46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 15 and 16, 2025</p> <p>Facility number: 011555</p> <p>Residential Census: 55</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on April 17, 2025.</p>		R 0000				
R 0409 Bldg. 00	<p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure an annual health statement was provided which showed the resident had no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter for 5 of 7 residents reviewed for annual health statements. (Resident 21, 66, 54, 82 and 83)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 21 was reviewed on 4/15/25 at 11:40 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and chronic kidney disease dependent on dialysis.</p> <p>The resident was admitted to the facility on 12/6/24.</p> <p>The facility was unable to provide a current</p>		R 0409	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The annual health statements of residents # 21, 54 & 66 have been updated to show that they have no evidence of communicable disease. Residents #82 & 83 are deceased.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken:</p> <p>All assisted living residents have the potential to be affected by the alleged deficient practice. All</p>		05/09/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Nanette Albright

Executive Director

04/25/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>annual health statement.</p> <p>2. The clinical record for Resident 66 was reviewed on 4/15/25 at 11:52 a.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, and macular degeneration.</p> <p>The resident was admitted to the facility on 11/16/23.</p> <p>The facility was unable to provide a current annual health statement.</p> <p>3. The clinical record for Resident 54 was reviewed on 4/15/25 at 2:15 p.m. The diagnoses included, but were not limited to, hypertension, compression fracture of T12, and restless leg syndrome.</p> <p>The resident was admitted to the facility on 8/30/23.</p> <p>The facility was unable to provide a current annual health statement.</p> <p>4. The clinical record for Resident 82 was reviewed on 4/15/25 at 4:29 p.m. The diagnoses included, but were not limited to, chronic leg wounds, memory loss, hypertension, and hyperlipidemia.</p> <p>The resident was admitted to the facility on 11/25/19.</p> <p>The facility was unable to provide a current annual health statement.</p> <p>5. The clinical record for Resident 83 was reviewed on 4/16/25 at 9:22 a.m. The diagnoses included, but were not limited to, hypertension and osteoarthritis.</p>				<p>assisted living residents will have an annual health statement showing they have no evidence of communicable disease. All assisted living residents' records will be reviewed to ensure they have an annual health statement showing they have no evidence of communicable disease.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice(s) does not recur;</p> <p>Prescriber Medication Orders policy was reviewed without change. Staff will be re-educated on the importance of all assisted living 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.</p> <p>4. How will the corrective action(s) be monitored to ensure solutions are sustained and the deficient practice will not recur. A plan must be developed to make sure correction is achieved and sustained (i.e., what quality assurance program will be put into</p>		

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	<p>The resident was admitted to the facility on 9/8/16.</p> <p>The facility was unable to provide a current annual health statement.</p> <p>During an interview, on 4/16/25 at 10:00 a.m., the Director of Nursing indicated all resident information had been provided. The facility was not able to provide the annual health statement for Resident 66, 83, 21, 82 and 54.</p> <p>A current facility policy, titled "TB Control Plan," dated as revised 12/31/18 and received from the Executive Director on 4/16/25 at 11:02 p.m., indicated "...This assessment will determine the screening, monitoring, education, and controls needed for their community...It is the policy...to adhere to all applicable State Licensing Regulations and Local Requirement as well as the Nurse Practice Act in the provision of health and wellness services to our residents...."</p>				<p>place);</p> <p>The Director of Nursing or designee will audit 5 charts weekly x4 weeks, 5 charts bi-weekly for 8 weeks, and 5 charts monthly x 1 month to ensure annual health statement showing no evidence of communicable disease signed by primary care physician is in place in resident chart. Director of Nursing will report to the Quality Assurance committee results of audit to ensure compliance. A percentage of 95% would be the acceptable threshold. The Quality Assurance committee will review the findings monthly and take appropriate actions if needed.</p>		