

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

PRINTED: 01/19/2023
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 12/29/2022	
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF ANDERSON				STREET ADDRESS, CITY, STATE, ZIP COD 1118 W CROSS ST ANDERSON, IN 46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: December, 27, 28, and 29, 2022</p> <p>Facility number: 011806</p> <p>Residential Census: 31</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 4, 2023.</p>			R 0000			
R 0214 Bldg. 00	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident 's condition, or more often at the resident 's or facility 's request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to ensure each resident had an evaluation of individual needs completed upon admission and/or semi-annually for 7 of 7 residents reviewed (Resident 17, 24, 25, 26, 31, 100 and 102).</p> <p>Findings include:</p> <p>1. Resident 26's clinical record was reviewed on 12/27/22 at 2:30 p.m. Current diagnoses included, but were not limited to, diabetes mellitus and chronic obstructive pulmonary disease. The resident was admitted to the facility on 3/25/22. A</p>			R 0214	<p>1. R 214 – Evaluation Deficiency a. A current assessment and negotiated service plans were immediately completed, signed, and placed in resident medical record, for the current resident's charts in question. b. All residents have the potential to be affected by this deficiency. Audit completed on all resident records to ensure compliance.</p>		01/31/2023

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

TITLE

(X6) DATE

Diana Guinn

Executive Director

01/16/2023

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 disclosable 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>semi-annual assessment was due to be completed in September 2022. The record lacked a semi-annual evaluation of individual needs completed by a licensed nurse since admission.</p> <p>2. Resident 31's clinical record was reviewed on 12/27/22 at 3:32 p.m. Current diagnoses included, but were not limited to, atrial fibrillation and anxiety. The resident admitted to the facility on 1/15/13. The record lacked a semi-annual evaluation of individual needs completed by a licensed nurse anytime in the last six month period.</p> <p>3. Resident 24's clinical record was reviewed on 12/27/22 at 3:00 p.m. Current diagnoses included, but were not limited to, hypertension and anxiety. The resident admitted to the facility on 9/27/22. The record lacked an admission and/or preadmission evaluation of individual needs completed and signed by a licensed nurse since admission.</p> <p>4. Resident 25's clinical record was reviewed on 12/28/22 at 11:17 a.m. Current diagnoses included, but were not limited to, anxiety and depression. The resident admitted to the facility on 9/14/18. The record lacked a semi-annual evaluation of individual needs completed and signed by a licensed nurse in the last six month period.</p> <p>5. Resident 17's clinical record was reviewed on 12/28/22 at 10:08 a.m. Current diagnoses included, but were not limited to, anxiety, hypertension, and dementia. The resident admitted to the facility on 11/26/22. The record lacked an admission or pre-admission evaluation of individual needs completed and signed by a licensed nurse since admission.</p>				<p>c. Primrose policy "Negotiated Service Plan" was reviewed without change. After the resident moves in, the initial Negotiated Service Plan will serve as the foundation for services provided to the resident during the first 30 days. At that time, a new assessment is conducted, and a new Negotiated Service Plan is completed. Each resident's Assessment and Negotiated Service Plan must also be reviewed and updated at a minimum of semi-annually (or per state regulation) or whenever significant changes in service needs/preferences occur. DON will ensure compliance with above noted policy.</p> <p>d. DON will complete chart audit log weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		

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	<p>6. Resident 100's closed clinical record was reviewed on 12/29/22 at 10:16 a.m.. Discharge diagnoses included, but were not limited to, hypertension and vertigo. The resident had admitted to the facility on 12/20/20 and discharged on 11/26/22. The record lacked a semi-annual evaluation of individual needs completed by a licensed nurse during the six month period prior to the 11/26/22 discharge.</p> <p>7. Resident 102's closed clinical record was reviewed on 12/29/22 at 11:00 a.m. Discharge diagnoses included, but were not limited to, atrial fibrillation and hypothyroidism. The resident admitted to the facility on 7/27/20 and discharged on 10/13/22. The record lacked a semi-annual evaluation of individual needs completed by a licensed nurse during the six months prior to discharge.</p> <p>During an interview, on 12/29/22 at 10:28 a.m., the Administrator indicated the facility had identified evaluations and service plans had not been completed as needed. The facility did not have current evaluations for Residents 26, 31, 24, 25, and 17.</p> <p>During an interview, on 12/29/22 at 12:20 p.m., the Administrator indicated the facility did not have individual evaluations of need for the six month period prior to Resident 100 and 102's discharge.</p> <p>Review of a current, 1/19/22, facility policy titled, "Negotiated Service Plan", provided by the DON on 12/29/22 at 12:39 p.m., indicated the following:</p> <p>"...All parties should sign the revised Negotiated Service Plan as indicated...The new assessment and Negotiated Service Plan should be placed in the Resident's Medical Record...."</p>						

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R 0216 Bldg. 00	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident 's physical, cognitive, and mental status. (2) The resident 's independence in the activities of daily living. (3) The resident 's weight taken on admission and semiannually thereafter. (4) If applicable, the resident 's ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to ensure residents who self administered medication had a current self medication administration assessment completed for 2 of 3 residents reviewed for self administration of medication. (Residents 31 and 24) Findings include: Review of an undated facility document titled, "List of residents who self-administer medications", provided by the Administrator on 12/27/22 indicated eight of the facility's 31 residents self-administered medications. Residents 24 and 31 were listed on the document as residents who self-administered medications. 1. Resident 31's clinical record was reviewed on 12/27/22 at 3:32 p.m. Current diagnoses included, but were not limited to, atrial fibrillation and anxiety. The resident had a current 12/2022 order to self administer medication. The clinical record lacked a self administration of medication</p>			R 0216	<p>1. R 216 – Evaluation Noncompliance a. The resident's charts in question were reviewed. The self-administering medication assessment was immediately completed, signed, and placed in the resident medical record for the current resident's charts in question. b. All residents have the potential to be affected by this noncompliance. An audit will be completed on each current resident medical record to ensure compliance. c. Primrose policy "Resident Management and Self-Administration of Medications" was reviewed without change. Residents who are assessed as safe to manage and self-administer their own</p>		01/31/2023

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R 0217 Bldg. 00	<p>assessment.</p> <p>During an observation and interview, on 12/28/22 at 1:40 p.m., Resident 24 indicated she self-administered her own medications and stored them in her room. She had been pre-setting her medications just prior to the interview and lifted a pill holder and bag of pill bottles to display what she had been doing.</p> <p>2. Resident 24's clinical record was reviewed on 12/27/22 at 3:00 p.m. Current diagnoses included, but were not limited to, hypertension and anxiety. The record lacked an order for the resident to self-administer medication or a self administration of medication assessment.</p> <p>During an interview, on 12/29/22 at 10:50 a.m., Resident 31 indicated she self-administered her medication, which she kept safely stored in her room.</p> <p>During an interview, on 12/29/22 at 10:28 a.m., the Administrator indicated the facility did not have current assessments for self-administration of medication for Residents 31 and 24.</p> <p>Review of a current, 12/10/22, facility policy titled "Resident Management and Self-Administration of Medication", provided by the DON on 12/29/22 at 12:39 p.m., indicated the following:</p> <p>"...Residents who are assessed as safe to manage and self administer their own medication will be permitted to keep their medication in their own apartment/room...."</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the</p>				<p>medications will be permitted to keep their medications in their own apartment/room.</p> <p>d. DON will complete chart audit log weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings each month.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		

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	<p>facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference;</p> <p>of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure each resident had a signed and dated individualized service plan for 7 of 7 residents reviewed (Resident 17, 24, 25, 26, 31, 100 and 102).</p> <p>Findings include:</p> <p>1. Resident 26's clinical record was reviewed on 12/27/22 at 2:30 p.m. Current diagnoses included, but were not limited to, diabetes mellitus and</p>			R 0217	<p>1. R 217 – Evaluation Deficiency</p> <p>a. A current review was done on each service plan of current residents. A new service plan was immediately completed, signed, and placed in resident medical record, for the current resident's charts in question.</p> <p>b. All residents have the potential to be affected by this</p>		01/31/2023

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	<p>chronic obstructive pulmonary disease. The record lacked a current, individualized service plan signed by the facility representative and the resident and/or their representative.</p> <p>2. Resident 31's clinical record was reviewed on 12/27/22 at 3:32 p.m. Current diagnoses included, but were not limited to, atrial fibrillation and anxiety. The record lacked a current, individualized service plan signed by the facility representative the resident and/or their representative.</p> <p>3. Resident 24's clinical record was reviewed on 12/27/22 at 3:00 p.m. Current diagnoses included, but were not limited to, hypertension and anxiety. The record lacked a current, individualized service plan signed by the facility representative and the resident and/or their representative.</p> <p>4. Resident 25's clinical record was reviewed on 12/28/22 at 11:17 a.m. Current diagnoses included, but were not limited to, anxiety and depression. The record lacked a current, individualized service plan signed by the facility representative and the resident and/or their representative.</p> <p>5. Resident 17's clinical record was reviewed on 12/28/22 at 10:08 a.m. Current diagnoses included, but were not limited to, anxiety, hypertension, and dementia. The record lacked a current, individualized service plan which was signed by the facility representative and the resident and/or their representative.</p> <p>6. Resident 100's closed clinical record was reviewed on 12/29/22 at 10:16 a.m.. Discharge diagnoses included, but were not limited to, hypertension and vertigo. The record lacked an individualized service plan signed by the facility</p>				<p>deficiency. Audit completed on all resident records to ensure compliance.</p> <p>c. Primrose policy "Negotiated Service Plan" was reviewed without change. All parties should then sign the revised Negotiated Service Plan as indicated. The new assessment and Negotiated Service Plan should be placed in the Resident's Medical Record.</p> <p>d. DON will complete chart audit log weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		

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R 0350 Bldg. 00	<p>representative and the resident and/or their representative.</p> <p>7. Resident 102's clinical record was reviewed on 12/29/22 at 11:00 a.m. Discharge diagnoses included, but were not limited to, atrial fibrillation and hypothyroidism. The record lacked an individualized service plan signed by the facility representative and the resident and/or their representative.</p> <p>During an interview, on 12/29/22 at 10:28 a.m., the Administrator indicated the facility had identified evaluations and service plans had not been completed as needed. The facility did not have current signed and dated service plans for Residents 26, 31, 24, 25, and 17.</p> <p>During an interview, on 12/29/22 at 12:20 p.m., the Administrator indicated the facility did not have service plans for Resident 100 and 102's discharge.</p> <p>Review of a current, 1/19/22, facility policy titled "Negotiated Service Plan", provided by the DON on 12/29/22 at 12:39 p.m., indicated the following:</p> <p>"...All parties should sign the revised Negotiated Service Plan as indicated...The new assessment and Negotiated Service Plan should be placed in the Resident's Medical Record...."</p> <p>410 IAC 16.2-5-8.1(b)(1-2) Clinical Records - Noncompliance (b) Clinical records must be retained after discharge: (1) for a minimum period of one (1) year in the facility and five (5) years total; or (2) for a minor, until twenty-one (21) years of age.</p>						

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R 0407 Bldg. 00	<p>Based on interview and record review, the facility failed to maintain the clinical records for discharged residents for 1 of 3 residents reviewed for maintenance of closed medical records. (Resident 101)</p> <p>Findings include:</p> <p>Review of an undated facility document titled, "Discharges within the last 90 days", provided by the Administrator on 12/27/22 at 10:30 a.m., indicated Resident 101 had discharged to another residential facility on 9/30/22.</p> <p>During an interview, on 12/29/22 at 9:15 a.m., the Administrator indicated the facility did not have a closed clinical record for Resident 101. The resident's complete clinical record had been sent to the receiving facility when he was discharged.</p> <p>Review of a current, 4/1/22, facility policy titled "Resident Record Retention Guide Policy", provided by the DON on 12/29/22 at 12:39 p.m., indicated the following:</p> <p>"...Primrose retains Resident Medical Records for 7 years. If State Regulation require greater than 7 years, Primrose will follow State Regulations...."</p> <p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents,</p>			R 0350	<p>1. R 350 – Clinical record nonconformance</p> <p>a. An immediate review has been completed on every discharged resident.</p> <p>b. All residents who have discharged have the potential to be affected by this nonconformance. Audit completed on all resident records to ensure compliance.</p> <p>c. Primrose policy "Resident Record Retention Guide Policy" was reviewed without change. Primrose retains Resident Medical Records for 7 years. This policy applies to residents who reside in Primrose communities.</p> <p>d. DON will complete chart audit log weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		01/31/2023

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	<p>including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on interview and record review, the facility failed to develop and maintain an infection control program to include a system to enable the facility to analyze patterns of known infectious symptoms.</p> <p>Findings include:</p> <p>During an interview, on 12/29/22 at 9:38 a.m., the Administrator indicated the facility could not locate an infection control system used for the analysis of patterns, tracking, and trending of infections other than COVID-19. Infections were to be reported to the DON, who would enter them in either a computerized or paper log for tracking. However, there had been two DON in a short period of time and each had completed these tasks differently. The facility could not find the information.</p> <p>Review of an undated and untitled document, provided by the Administrator on 12/29/22 at 10:33 a.m., indicated antibiotics had been prescribed nine times to residents in the facility during the period of time from 9/6/22 to 12/23/22.</p> <p>Review of a current, November 2020, facility policy titled "Infection Prevention-General", provided by the Administrator on 12/27/22 at 11:00 a.m., indicated the following:</p> <p>"...Purpose: It is the policy of Primrose Retirement Communities to ensure that the infection control practices are designed to prevent, identify, report, investigate, and control the spread of infection and communicable disease for all residents...."</p>			R 0407	<p>1. R 407 – Clinical Record Noncompliance</p> <p>a. The facility immediately completed an infection control program to efficiently log and trend infection.</p> <p>b. The facility has the potential to be affected by this noncompliance.</p> <p>c. Primrose policy "Resident/Staff Infectious Conditions" was reviewed without change. Additionally, "QA/Safety Committee Policy" was reviewed without change. An infection control system is in place for tracking infections. Monthly QA meetings are held with management to review infection control.</p> <p>d. The DON will complete infection control audits weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		01/31/2023

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0409 Bldg. 00	<p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be required to have a health assessment, including 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.</p> <p>Based on interview and record review, the facility failed to ensure residents had an annual health statement for 4 of 7 residents reviewed (Resident 17, 25, 31, and 102).</p> <p>Findings include:</p> <p>1. Resident 31's clinical record was reviewed on 12/27/22 at 3:32 p.m. Current diagnoses included, but were not limited to, atrial fibrillation and anxiety. The record lacked an annual health statement for the past year 2021-2022.</p> <p>2. Resident 25's clinical record was reviewed on 12/28/22 at 11:17 a.m. Current diagnoses included, but were not limited to, anxiety and depression. The record lacked an annual health statement for the past year 2021-2022.</p> <p>3. Resident 17's clinical record was reviewed on 12/28/22 at 10:08 a.m. Current diagnoses included, but were not limited to, anxiety, hypertension, and dementia. The record lacked an annual health statement for the past year 2021-2022.</p> <p>4. Resident 102's clinical record was reviewed on 12/29/22 at 11:00 a.m. Discharge diagnoses included, but were not limited to, atrial fibrillation and hypothyroidism. The record lacked an annual health statement for the past year 2021-2022.</p>			R 0409	<p>1. 1. R 409 – Infection Control Noncompliance</p> <p>a. A current annual health statement was immediately obtained for the current residents in question.</p> <p>b. All residents have the potential to be affected by this deficiency. Audit completed on all resident records to ensure compliance.</p> <p>c. Primrose policy "Prescriber Medication Orders" was reviewed without change. All orders are reviewed/renewed annually or per State regulations by the physician/prescriber.</p> <p>d. DON will complete chart audit log weekly x4 weeks and monthly x3 to ensure compliance. DON will bring compliance concerns and or findings to be reviewed at the quality assurance meetings.</p> <p>e. The systemic changes will be completed by January 31, 2023.</p>		01/31/2023

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

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OMB NO. 0938-039

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	During an interview, on 12/29/22 at 10:28 a.m., the Administrator indicated the facility had identified evaluations and service plans had not been completed as needed. The facility did not have an annual health statement for Residents 31, 25, and 17. During an interview, on 12/29/22 at 12:20 p.m., the Administrator indicated the facility did not have an annual health statement for Resident 102.						