

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

PRINTED: 01/31/2024  
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 01/11/2024	
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 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. This visit included the Investigation of Complaint IN00423661.</p> <p>Complaint IN00423661 - State deficiencies related to the allegations are cited at R0269.</p> <p>Survey dates: January 10 &amp; 11, 2024</p> <p>Facility number: 011806</p> <p>Residential Census: 35</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 16, 2024.</p>			R 0000			
R 0269  Bldg. 00	<p>410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician.</p> <p>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.</p> <p>Findings include:</p> <p>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</p>			R 0269	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>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.</p> <p>How will the facility identify other residents having the potential to</p>		01/26/2024

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

TITLE

(X6) DATE

LaShelle Crawley

Executive Director

01/28/2024

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 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>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.</p> <p>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 with the Registered Dietician.</p> <p>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.</p> <p>This deficiency relates to Complaint IN00423661.</p>			<p>be affected by the same deficient practice and what corrective action will be taken?</p> <p>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.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Dining Manager or designee will send to RD to review and sign prior to the week/day of the planned menu.</li> <li>3. When new manager/chef is in place she will create menus with spreadsheets and recipes.</li> <li>4. When completed it will be sent to the RD to approve and sign.</li> </ol> <p>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?</p> <ol style="list-style-type: none"> <li>1. Dining Manager or designee will</li> </ol>			

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R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (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 residents residing in the facility.</p> <p>Findings include:</p> <p>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.</p> <p>A current facility menu, provided on 1/10/24 at</p>			R 0273	<p>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</p> <p>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).</p> <p>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 educate the use for pasteurized eggs.</p>		01/26/2024

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	<p>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.</p> <p>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.</p> <p>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...."</p>				<p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>-Dietary Manager or designee will order pasteurized eggs weekly or when needed.</p> <p>By what date the systemic changes will be completed.</p> <p>-1/10/24</p>		