

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/04/2025
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF ANDERSON		STREET ADDRESS, CITY, STATE, ZIP CODE 1118 W CROSS ST ANDERSON, IN 46011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00450834. Complaint IN00450834 - No deficiencies related to the allegations are cited. Survey date: February 4, 2025 Facility number: 011806 Residential Census: 28 Primrose Retirement Community of Anderson was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00450834. Quality review completed February 17, 2025.	R 000		

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

TITLE

(X6) DATE