

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

PRINTED: 12/14/2023
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 11/16/2023	
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 the Investigation of Complaint IN00420761.</p> <p>Complaint IN00420761 - State deficiency related to the allegations are cited at R0217.</p> <p>Survey date: November 16, 2023</p> <p>Facility number: 011806</p> <p>Residential Census: 71</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 17, 2023.</p>			R 0000			
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the 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</p>						

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

TITLE

(X6) DATE

LaShelle

Crawley

12/05/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>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 residents had a signed and dated individualized service plan for 4 of 4 residents reviewed (Resident B, C, D, and E).</p> <p>Findings Include:</p> <p>1. The clinical record for Resident B was reviewed on 11/16/23 at 12:00 p.m.. Diagnoses included atrial fibrillation hypertension and depression. The resident's record lacked a current, individualized service plan signed and dated by the facility representative and the resident and/or their representative.</p> <p>2. The clinical record for Resident C was reviewed on 11/16/23 at 10:24 a.m. Diagnoses included depressive disorder, viral pneumonia, acute respiratory failure, and overactive bladder. The resident's record lacked a current, individualized service plan signed and dated by the facility representative and the resident and/or their representative.</p> <p>3. The clinical record for Resident D was reviewed on 11/16/23 at 10:46 a.m.. Diagnoses included depression, amyotrophic lateral sclerosis. The resident's record lacked a current, individualized</p>			R 0217	<p>Plan of Correction Text: U0DS11</p> <p>1 Residents B, C, D, and E were reviewed for corrections.</p> <p>2 A review of all potential residents' service plans was completed to ensure appropriate that individualized service plans are signed and dated by the facility representative and the resident and/or their representative.</p> <p>3 Primrose policy titled "Negotiated Service Plan" were reviewed without change. All nursing staff were re-educated on these policies.</p> <p>4 The DON or her designee will audit service plans 1X weekly X30 days, then 1X monthly ongoing. All audits will be reported to the monthly Quality Assurance Meeting for further monitoring.</p>		11/27/2023

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	<p>service plan signed and dated by the facility representative and the resident and/or their representative.</p> <p>4. The clinical record for Resident E was reviewed on 11/16/23 at 11:57 a.m. Diagnosis included overactive bladder, depression, neuropathy and dementia. The resident's record lacked a current, individualized service plan signed and dated by the facility representative and the resident and/or their representative.</p> <p>During an interview and observation on 11/16/23 at 10:30 a.m., the Assistant Director of Nursing reviewed the clinical records for Resident's B, C, D and E. No service plans were located in the clinical records. The ADON indicated she did not know where the service plans were, and believed they should have been located in the clinical record..</p> <p>During an interview on 11/16/23 at 11:33 a.m., the Director of Nursing provided service plans for Residents B, C, D, and E. The service plans were not signed/acknowledged by the facility nor the resident /resident representative.</p> <p>A current, 2/16/22, facility policy titled, "Negotiated Service Plan", provided by the DON on 11/16/23 at 12:28 p.m., indicated the following:</p> <p>".... Procedure.... 4. Review the completed Negotiated Service Plan with the resident and/or Power of Attorney. Modify the plan if necessary, to reflect any input given to ensure the agreement incorporates the principles of assisted living.</p> <p>5. Have all involved parties sign the negotiated Service plan. Indicate on the form if the resident is unable to sign. Provide copies to each upon</p>						

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	request. 6. The current negotiated Service Plan for all residents are maintained in the Residents medical Record in a confidential area (not visible by the public) at the nurse's station or designated area." This citation relates to Complaint IN00420761.						