PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		a. building <u>00</u>		COMPLETED		
			B. WING		08/12/2022	
		<u> </u>	STRE	EET ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIEI	R		W RAINBOW DR		
PRIMRO	SE RETIREMENT	COMMUNITY OF KOKOMO	KOŁ	KOMO, IN 46901		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX			PREFIX	CROSS-REFERENCED TO THE APPROPRIAT		
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE	
R 0000						
Bldg. 00						
Diag. 00	This survey was for	r the Investigation of	R 0000			
	Complaint IN0038		10000			
	•					
	Complaint IN0038	6391-Substantiated. State				
		I to the allegations were cited at				
	R0064.					
	G 1	. 11				
	Survey dates: Aug	gust 11 and 12, 2022				
	Facility number: 0	11555				
	Facility number: 011555					
	Residential: 71					
	These deficiencies	reflect State findings cited in				
	accordance with 41	0 IAC 16.2-5.				
	Quality review con	npleted on August 25, 2022.				
R 0064	440 IAC 16 2 F 1	2/hh)				
11 0004	410 IAC 16.2-5-1 Residents' Rights	, ,				
Bldg. 00		hall exercise reasonable				
Blug. 00		ction of residents ' property				
	•	ft. The administrator or his				
	or her designee is					
	•	orts of lost or stolen resident				
	property and that					
		reported to the resident.				
		on, interview, and record	R 0064	We respectfully request an IDF	R 09/09/2022	
		failed to ensure a resident's	K 0004	review of this tag. We have	09/09/2022	
		ot safe and secure during her		attached the Independent Livin	ng l	
		3 residents being reviewed for		Apartment Resident Occupance	-	
		f property (Resident B).		Agreement. Resident B signed	-	
	appropriation 0	- proporty (resident D).		this agreement on 7/22/22.		
	Finding includes:			Page 7, Section 15 states:		
	5			"Primrose is not responsible for	r,	
	During an interview	w with the Executive Director		and does not provide insurance		
		3:45 p.m., she indicated she		for, the loss of, or damage to, a		
1			I			

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

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 1 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 08/12/2022				
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO			329 W	STREET ADDRESS, CITY, STATE, ZIP COD 329 W RAINBOW DR KOKOMO, IN 46901				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE			
TAG	received a phone can B's daughter information check, which cleared written to and signed a person by the name Assistant 5) (MA 5) been forged onto the how MA 5 took the checkbook. She call incident and after the called MA 5 to her regarding the allegar Resident B and cash anything to do with terminated and was Police Officer 2. During an interview Resident B indicated missing after she will daughters. She had wanted to treat her agot up to the cashied did not have any most the \$119 in her wall days prior to that. We checked her two chewhoever took her can and then was when was missing from hout was not written register. Resident B called hour can be	ELSC IDENTIFYING INFORMATION Ill on 7/26/22, from Resident ing her the resident had a d over the weekend which was d on the back of the check, by the of (Name of Maintenance of the resident's name had the check. The ED was not sure check from the resident's led the police to report the the police officer arrived, she office to question him tion he stole a check from the dit. MA 5 denied having Resident B's check. He was walked out of the facility by If on 8/11/22 at 3:01 p.m., define the check was discovered the end of the check was discovered the end of the resident she had been to pay for their lunches, she comey in her wallet, and she had been when she checked a few when she got home, she each books to make sure ash did not take any checks she noticed check number 526 the remiscellaneous checkbook down in her check transaction The resident was not sure as the policy of the policy	TAG	personal property belonging Resident due to fire, theft, disappearance, or any other cause". We feel that Resident B's resights were not violated becashe admits that she left her caunlocked. Primrose has prother with a key to lock her apartment. She admits that leaves her purses and check on the floor by her TV in her room. While Primrose discourages residents from leaving their caunlocked and their valuables sight, it was Resident B's rig choose to do so. R 064 Residents Rights 1. What Corrective action be accomplished for those residents found to have been affected by the alleged deficit practice? Resident B has been offered lock for her financial items. 2. How the facility will idented the potential to be affected by the same alleged deficient practice. All residents have the potent be affected by the alleged deficient practice. 3. What measures will be	sident ause doors vided she abook front doors within to will a entify e ace? ial to efficient			
	1 5		ı	1	1			

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 2 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/12/2022	
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO			329 W	ADDRESS, CITY, STATE, ZIP COD RAINBOW DR MO, IN 46901	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	man by the name of Assistant 5). She to new maintenance m	(Name of Maintenance ld her daughter he was the an the facility had hired two		into place or what systemic changes the facility will make ensure that the alleged deficie	I
	for anything. That p	had not written a check to him articular checkbook, which from was the checkbook the		practice does not recur? All residents have been offere option to lock up their financia	
	a check for \$125 tw	her small bills and she wrote ice a month to one of her ng her around her apartment.		items. This was discussed at Resident Council, an email wi the offer was sent to families a	
		ident provided her check for the account that check		residents, and a note was plated at all residents' doors with the offer to assist with locking up	
	was written on. The was observed with s	check transaction register several check numbers written etween check numbers 525		financial items. Staff will continue to encoura residents not to leave their	
	and 527 was check number section with	number 526 written in the a 7/22/22, for the date when it ords "Stolen" was written in		financial items unattended. If notice that a resident's financiitems are unattended, they wi	al
	the transaction desc written in the payme	ription section and \$125 was ent fee section. She thought he ek for \$125 because he saw she		report it to their supervisor or Executive Director.	the
	wrote a check for the daughters twice a m	at amount to one of her onth and if he wrote the check		Staff have been re-educated of use of a Concern Form. It is located at the front of the	on the
	about him cashing i know why he only t	one would be suspicious t. She indicated she did not argeted her to "steal" money		community and at the nurses' station. If they feel that a resi has left financial items	dent
	to some appointmer	he indicated he had taken her tts, and he must have thought sed that she had lots of		unattended, they are encoura to fill out a Concern Form. Residents have been re-educ	
	off her without her	ble to steal money and a check noticing it, but he was wrong close eye on her finances. She		on the use of a Concern Form they feel that an item is missir from their apartment, they are	ng
		e had anything stolen, so he		encouraged to utilize the form report the issue. The Form is then to be given	to
	floor by her TV whi	to three purses she left on the file indicating she always kept checkbooks in one of those		the Director of Nursing or the Executive Director. The Director of Nursing or the Executive	
	purses. She kept her	rapartment door and the patio g the day and had never had		Director will then follow up an investigate the concern.	d

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 3 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVI		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		00	COMPLETED	
			B. WING			08/12/2022	
				DEET A	DDDEGG CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
DDIMBO	OF DETIDEMENT				RAINBOW DR		
PRIMRO	SE RETIREMENT	COMMUNITY OF KOKOMO	I KC	JKUN	1O, IN 46901		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREI	IX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	_{TC}	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TA	G	DEFICIENCY)	' ⁻	DATE
	anything "stolen" ir	the three years she lived in			How the corrective action	n	
	this apartment. Res	ident B indicated MA 5 was			will be monitored to ensure the		
	-	k was made out to, and he also			alleged deficient practice with		
	-	he check. He had keys to all			recur, i.e. what quality assurar		
	-	nents, so even if she locked			program will be put into place?		
	_	she left, he could have gotten			program nim zo par into piaco.		
	-	with the key to steal the money			Residents' concerns will be		
	and the check.	is seem and money			discussed at the quality		
	and the shoot.				assurance meetings. Any issu	es	
	A report titled "Ind	liana State Department Health			related to unattended financial		
	-	em," undated, provided by the			items will be addressed by the		
		(ED) on 8/11/22 at 4:22 p.m.,			Executive Director.	'	
		2 at approximately 11:01 a.m.,			Executive Director.		
		ter called the ED and notified			Concern forms will be reviewe	, d	
	_	s missing a check from her					
		ssing check cleared the bank			monthly at the quality assuran	Ce	
		nd was made out to MA 5. The			meetings. A 100% rate is		
					acceptable for follow up and		
	-	and Police Officer 2 came to the			investigation of concerns.		
	-	alled Resident B's daughter to			5. By what date the system	IIC	
		on regarding the missing			changes will be completed?		
		alled to the ED's office, with			September 9, 2022		
		esent, the ED terminated him,					
	-	er walked him out of the					
	facility.						
		0/11/20 : 4.24					
	~ .	erview on 8/11/22 at 4:24 p.m.,					
	_	ter indicated after her mother					
	_	bout check number 526, she					
	· ·	f bank) online app to see who					
		out to. She discovered					
		n the check to (Name of MA					
	· ·	sident did not write the check					
	out to MA 5 becaus						
		ally her signature. She did not					
		e printed everything she wrote,					
	-	as like a printed cursive, which					
	was hard to copy.						
	During a phone into	erview on 8/11/22 at 4:35 p.m.,					
	MA 5 indicated one	e of the residents' checks were					

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 4 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 08/12/2022			
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	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	(X5) COMPLETION DATE		
	him the check was a and 2 p.m., on Frida driver's license as a indicated he could r "stole" Resident B's he did not have an I an Illinois driver's lieverywhere and if the video, she would han Resident B's apartmenthe money and seen time frame from 1 to indicated the check was at the facility emaintenance men all housekeepers at the He did not have any the entire two week he had no reason to walked out of the factories. During an interview an unidentified band unidentified teller in have an account with was requesting to care off another customes show his or her state whether it be a drive Most people who caparticular check to the deposit it directly in cash off that check as A document titled "[KPD] Incident Repby KPD Clerk 6 on	ways took their lunch with the facility between 1 and 2 p.m. work orders for her apartment is he worked at the facility, so be in her apartment. He was weility on 7/26/22 by Police on 8/12/22 at 1:14 p.m., with a teller at (Name of Bank), the indicated a person who did not in that particular bank, who hash a check and draw money for's account would have had to be issued identification (ID) er's license or a regular ID. The indicated is a check will take that their own bank and either to their account or draw the					

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 5 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 08/12/2022	
	PROVIDER OR SUPPLIE SE RETIREMENT	R COMMUNITY OF KOKOMO	329 W	ADDRESS, CITY, STATE, ZIP COD RAINBOW DR MO, IN 46901		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP	E COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
		ery. The value for the loss of the				
		. There was no suspect or				
	offender listed on t	he incident report.				
	Police Officer 2 ind the facility on 7/26 informed him Main had "stolen" a chec The ED called MA about the check, we name signed on the denied taking and of	erview on 8/12/22 at 2:53 p.m., dicated he was sent on a call to 6/22. When he arrived, the ED intenance Assistant 5 (MA 5) ek from Resident B's apartment. So to her office and asked him hich had been cashed with his e back of the check and he cashing the check. The ED that time. He was escorted out Police Officer 2.				
	(Name of Bank) we account was and speak regarding the refused to give him to view the video of due to legality reast policy when the check for MA 5, she because that teller and procedures. A without calling the account, if the check was not on the account was written to did bank account with check number 526, called Resident Bar	er 2 left the facility, he went to here Resident B's checking boke to the manager of the cashed check. The manager in any information regarding the a copy of the check or allow him of the person cashing the check ions because of a break in bank eck was cashed. He indicated in the teller who cashed the mould not have done that went against the bank's policy check cannot be cashed owner of the checking ick was written to a person, who count as a signer of the and/or the person the check into thave a personal or business the bank. Prior to cashing the bank teller should have and asked her if she wrote that indicated he asked the				
	resident's daughter	for a copy of the check, and				
	she sent him one. When asked about the incident		- 1			

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 6 of 8

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 08/12/2022				
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO			329 W	STREET ADDRESS, CITY, STATE, ZIP COD 329 W RAINBOW DR KOKOMO, IN 46901				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)				
	report he typed up or or offender, he indicited form as of taking the check and on the back of the composition of the check, a forgery. When his suspect's name on the Suspect's name on the On 8/12/22 at 3:15 526 from (Name of Officer 2. The copy 526 had the date of person who the check the memo line indicated may be sugnature line indicated MA 5's signature line indicated MA 5's signature has account on 7/2 On 8/12/22 at 3:55 was reviewed. He w 7/8/22 and terminat his record, the signature on a docu Report Request For signatures on both or copy of check number 52 signatures on both or copy of check number of the document titl Request Form MA printed in the same not the typical way printed by most people of the proposition of the control of the document into Bank Manager 1 was check information of the control of the document into Bank Manager 1 was check information of the control of the contro	on 7/26/22, lacking a suspect cated he had not completed the eyet. Even though MA 5 denied d cashing it his signature was heck and his name was on the and he was charging him with report was complete the ne report would be MA 5. p.m., a copy of check number Bank) was provided by Police of the front of check number being written as 7/22/22, the ck was written to was MA 5, and "Cleaning work" and the ated Resident B's signature in a copy of the back of check 526 gnature was under the section check posted to the resident's 25/22. p.m., MA 5's employee record was hired at the facility on ed on 7/26/22. While reviewing atture on the back of the copy 6 was compared to MA 5's ment titled "Motor Vehicle m," which looked like the same documents. On the front of the coer 526 compared to the front ed "Motor Vehicle Report 5 filled out, the small e's were distinct manner, which were the letter e was typically						

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 7 of 8

PRINTED: 10/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00		00	COMPLETED	
			B. WING			08/12	/2022
		_	ST	REET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEI	R	32	29 W F	RAINBOW DR		
PRIMROSE RETIREMENT COMMUNITY OF KOKOMO			K	OKOM	1O, IN 46901		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	II	ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PRE	FIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TA	ΔG	DEFICIENCY)		DATE
		the check was cashed at					
	, , , , , , , , , , , , , , , , , , , ,	est branch. The bank teller who					
		nould have called Resident B					
		e wrote check number 526 to					
		policy was if someone who was					
	I -	necking account and did not					
		nt with them, then the bank					
		e owner of the account and					
	verify if he or she wrote that check.						
	A current policy titled "Resident's Rights and						
	Responsibilities" da	ated 5/13/2020, provided by the					
	ED on 8/11/22 at 3	:12 p.m., indicatedIndiana					
	Resident Rights(l	nh) The facility shall exercise					
	reasonable care for	the protection of residents'					
	property from loss	and theft. The administrator or					
	his or her designee is responsible for						
	investigating reports of lost or stolen resident						
	property and that the results of the investigation						
	are reported to the resident"						
	This State Residential tag relates to Complaint IN00386391.						

State Form Event ID: YLW711 Facility ID: 011555 If continuation sheet Page 8 of 8