

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155757	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2015
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NAME OF PROVIDER OR SUPPLIER ROSEGATE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7510 ROSEGATE DR INDIANAPOLIS, IN 46237
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/15/15</p> <p>Facility Number: 011149 Provider Number: 155757 AIM Number: 200829340</p> <p>At this Life Safety Code survey, Rosegate Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 150 and a</p>	K 0000	Rosegate Village respectfully requests desk review in lieu of an onsite visit	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 90 days 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 14 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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K 0062 SS=F Bldg. 01	<p>census of 141.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review, observation and interview; the facility failed to ensure 3 of 3 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of P.I.P.E.'s "Hydrant Flow Test Report" dated 04/22/14 with</p>	K 0062	<p>Rosegate Village respectfully requests desk review in lieu of an onsite visit</p> <p>K062- NFPA 101 Life Safety Code Standards What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Although there were no residents identified as being for the alleged deficient practice, the following corrective action was taken. Life Safety NFPA 25 1998 Edition, section 4-2.2.4 requires that dry barrel hydrants to be inspected annually and after each operation. Dalmatian Fire Inc. was immediately contacted to inspect 3 of 3 private fire hydrants located on the premises. This inspection occurred on Thursday, June 25, 2015, and any identified shall be taken.</p>	06/25/2015

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	<p>the Maintenance Director during record from 9:10 a.m. to 11:25 a.m. on 06/15/15, documentation of facility fire hydrant inspection within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Director stated the facility owned three fire hydrants and acknowledged documentation of facility owned fire hydrant inspection within the most recent twelve month period was not available for review. Based on observations with the Maintenance Director during a tour of the facility from 11:25 a.m. to 1:30 p.m. on 06/15/15, three facility owned fire hydrants were noted on the premises.</p> <p>3.1-19(b)</p>		<p>How will you identify other residents having the potential to beaffected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·Although there were no identified residents for the alleged deficient practice, all residents, staff, and visitors can be affected by this deficient practice. In order to correct the deficient practice the necessary inspection for 3 of 3 private hydrants was conducted on Thursday, June 25, 2015. Inspection Report attached for supporting documentation. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? ·Maintenance director will follow the requirements of Life Safety NFPA 25 1998 Edition, section 4-2.2.4 and schedule the inspection in his preventative maintenance log to ensure compliance. ·Executive Director will in-service the Maintenance Director by June 23, 2014 on the requirements of Life Safety NFPA 25 1998 Edition, section4-2.2.4. ·TheMaintenance Director will report to theSafety Committee Meeting , overseen by the Executive Director, on a monthly basis the due date for the annual inspection of the dry barrel hydrants and any operation of the 	

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			hydrants which would require an additional inspection. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put inplace? ·Maintenance director will monitor this item with the preventative maintenance log provided by American Senior Communities. ·The Executive Director will collect and maintain the Dry Barrel Hydrant Inspection CQI Monitoring tool on a monthly basis. Auditswill be completed monthly X 12 months. ·If threshold of 100% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI committee for review and follow up.		