STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEGATE COMMONS	7525 ROSEGATE DRIVE, INDIANAPOLIS, , 46237

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey date: July 1, 2026 Facility Number: 012936 Residential Census: 74 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 8, 2026.	R 0000		
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status.	R 0216	**R216 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** No residents were affected by the deficient practice. **R216 How will the facility identify other residents having the potential to be affected by the same efficient**	07/17/2026

	(2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, interview, and record review, the facility failed to follow a medication self-administration assessment for 1 of 5 residents reviewed for medication self-assessment orders. (Resident 87) Finding includes: During an observation on 7/1/26 at 9:50 a.m., Resident 87 was observed sitting up in their room. A small plastic pill cup was noted next to the resident containing four unidentified pills. During an interview at that time, Resident 87 indicated that the nurse, LPN 3, had left the pills in the room. Resident 87 stated the nurse was supposed to watch Resident 87 take the medications and then Resident 87 took the medications.		**practice and what corrective actions will be taken?** Re-Education on proper medication administration with nurse involved on 7/10/26. Inservice all nursing department on the proper medication administration on July 16th. **R216 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?** QAPI audit for medication administration/Pass will be initiated by 7/16/26 to be completed weekly X 4 weeks, bi-monthly X 2 months, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing /Designee. **R216 By what date will the systemic changes be completed**? July 17, 2026	

	During an interview on 7/1/26 at 10:16 a.m., the Director of Nursing (DON) indicated that Resident 87 lacked a self-administration medication assessment for the oral medications left at bedside and that they should not have been left in Resident 87's room. On 7/1/26 at 12:30 p.m., Resident 87's clinical record was reviewed. The diagnoses included, but were not limited to, unspecified traumatic brain injury, lung and brain cancer, gastrostomy (a feeding tube medical device to deliver nutrition, also called a G-tube), and hemiplegia (the severe or complete loss of motor function or paralysis on one vertical half of the body) affecting right dominant side. A general physician's order, with a start date of 12/15/26, stated "Resident to self administer G-tube medications and flushes; Nursing to administer all PO [by mouth or orally given] medications." A Self-Administration of Medications Review, dated 6/30/26, indicated the resident had approval to self-administer only certain medications and listed the approved medications as "Lidocaine [topical analgesic] 4% patch, Miralax [stool softner]17 g [grams]/dose,			

	Ensure Plus, [and] Jevity 1.5 [a type of tube feeding fluid] cal [calorie]." On 7/1/26 at 12:10 p.m., the DON provided a policy title "Self Administration of Medications", dated August 1998, and indicated it was the current policy in use for the facility. The policy indicated that nursing staff are responsible for proper administration of resident medications as ordered or approved in the self-administration plan.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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 ensure foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area and while serving the meal. (Culinary Manager) Finding includes:	R 0273	**R273 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** No residents were affected by the deficient practice. Sign placed upon entering kitchen as reminder to wear beard guards and hairnets. Beard guards are in place. **R273 How will the facility identify other residents having the potential to be affected by the same efficient practice and what corrective actions will be taken?**Re-educated Culinary Manager on proper use of beard guard on 7/11/26.Inservice for food service department on the proper use of beard guards on July 16th.	07/17/2026

	1. During the initial kitchen tour with the Culinary Manager on 7/1/26 from 9:00 a.m. to 9:40 a.m., the Culinary Manager was observed walking through-out the kitchen and near the steamtable where the breakfast foods were held. The Culinary Manager was observed to have facial hair, approximately one-fourth inch in length above his upper lip, that was observed to not be covered. 2. During a follow-up kitchen observation on 7/1/26 from 11:05 a.m. to 11:20 a.m., the Culinary Manager was observed working at the steamtable area where the noon meal food temperatures were being taken and the meal was being plated. The Culinary Manager was observed to have facial hair, approximately one-fourth inch in length above his upper lip, that was observed to not be covered. 3. During a follow-up kitchen observation on 7/1/26 from 12:58 p.m. to 1:04 p.m., the Culinary Manager was observed working at the steamtable area where the noon meal was being plated and the ending food temperatures were being taken. The Culinary Manager was observed to have facial hair, approximately one-fourth inch in length above his upper lip, that was observed to not be		**R273 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?**QAPI audit for beard guards will be initiated by 7/16/26 to be completed weekly X 4 weeks, bi-monthly X 2 months, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Food Service Manager /Designee. Quality Assurance Tool will be completed monthly for 3 months for QAPI. **R273 By what date will the systemic changes be completed**? July 17, 2026	

covered.

During an interview on 7/1/26 at 1:10 p.m., the Culinary Manager indicated staff hair was to be kept covered while in the kitchen.

On 7/1/26 at 1:25 p.m., the Culinary Manager provided a copy of the Culinary Personal Hygiene policy, dated May 2025, and indicated it was the current policy in use by the facility. A review of the document indicated, "...Culinary employees with facial hair, including beards and/or mustaches, must wear a beard restraint that effectively covers all facial hair ..."

On 7/1/26 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC (Indiana Administrative Code) 7-26, effective April 15, 2025, indicated, "......food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREAnnJee Kirstein	TITLEExecutive Director	(X6) DATE07/17/2026