

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/14/2025	
NAME OF PROVIDER OR SUPPLIER ROSEGATE COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 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. This visit included the Investigation of Complaint IN00458853. Complaint IN00458853 - No deficiencies related to the allegations are cited. Survey dates: May 13 and 14, 2025 Facility number: 012936 Residential Census: 66 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed May 15, 2025.	R 0000					
R 0151	Sanitation & Safety Standards -Noncompliance 410 IAC 16.2-5-1.5(h) (h) Any pet housed in a facility	R 0151	R 151 1. What corrective actions will be			05/15/2025	

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shall have periodic veterinary examinations and required immunizations.

Based on interview and record review, the facility failed to ensure a pet residing in the facility had received an updated rabies vaccination and annual veterinary wellness examination as required for 1 of 4 residents reviewed for pet vaccination records. (Resident 20)

Finding includes:

On 5/13/25 at 9:30 a.m., the ED (Executive Director) provided a list of residents with pets in the facility. A review of the document indicated Resident 20 had a five year old canine pet who resided with the resident.

On 5/14/25 at 9:00 a.m., Resident 20's canine pet records were reviewed. The documentation, an invoice from the veterinary clinic utilized by the resident, indicated that Resident 20's pet had last received a canine rabies one year booster and a wellness exam on 3/19/24. The invoice indicated that Resident 20's pet was next due for another canine rabies booster and a wellness exam on 3/19/25.

During an interview on 5/14/25 at 9:35 a.m., the ED indicated that Resident 20's family had been making arrangements to

accomplished for those residents found to have been affected by the deficient practice:

One resident was affected by this deficient practice. This animal has not been out in the common areas of the community only in the apartment with the resident. POA was notified on 5/14/25 and scheduled vet appointment for vaccinations on 5/15/25. Facility received copy of vaccination records on 5/15/25.

2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken:

have the rabies booster and annual wellness exam, but that they were currently past due.

During an interview on 5/14/25 at 10:25 a.m., Resident 20 indicated that resident's son helped make veterinary appointments for the canine pet. Resident 20 stated they were not sure if their son had made the appointments yet or not, but that her canine pet was overdue for the rabies vaccine and annual wellness visit.

On 5/13/25 at 9:30 a.m., the ED provided an undated Community Pet Policy and indicated it was the current policy in use by the facility. A review of the document indicated that if a pet is permitted, it is required to have, " ...proof of immunizations ...and certification from a veterinarian that the pet is healthy upon admission and annually as updated ...".

On 5/14/25 at 5:00 p.m., a review of the Rabies Vaccinations Requirements located at 345 IAC 1-5-2 indicated, "...all dogs...3 months of age and older must be vaccinated against rabies..."

Based on interview and record review, the facility failed to ensure a pet residing in the facility had received an updated rabies vaccination and annual

A CQI tool will be initiated and the ED/Designee will review Pet Records monthly to identify due dates for Rabies vaccinations. Compliance will be defined as 100% . POA & residents will be notified of the due date a month in advance. If vaccination is not received on due date or the approved grace period per veterinary clinic the pet will be placed with temporary housing provided by family until vaccination has been received.

3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:

veterinary wellness examination as required for 1 of 4 residents reviewed for pet vaccination records. (Resident 20)

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4. By what date the systemic changes will be completed:

May 15, 2025

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FORM APPROVED

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OMB NO. 0938-0391

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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
SIGNATURE

TITLE

(X6) DATE