STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE SENIOR LIVING CARMEL	1285 FAIRFAX MANOR DRIVE, CARMEL, , 46032

(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 Complaints IN00459428 and IN00455940. Complaint IN00459428-No deficiencies related to the allegations are cited. Complaint IN00455940-No deficiencies related to the allegations are cited. Survey dates: May 21 and 22, 2025. Facility number: 013719 Residential Census: 83 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on May 23, 2025.	R 0000	The following is the Plan of Correction for Rose Senior Living Carmel regarding the Statement of Deficienciesdated 5/22/2025. Please accept this Plan of Correction as confirmation of our ongoing efforts to comply with regulatory requirements.	

R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on interview and record review, the facility failed to ensure employees' files contained pre-employment references for 2 of 5 employees reviewed for employee records. (CNA 3 and CNA 6) Findings include: A review of the employee files, on 5/22/25 at 11:21 a.m., indicated the following employees did not have pre-employment references located in their file: 1. CNA 3 with a hire date of 4/1/25. 2. CNA 6 with a hire date of 3/27/25. During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility could not locate the pre-employment references for CNA 3 or 6.	R 0116	**1. Corrective Action for Affected Residents:** No residents were directly affected. However, the personnel files for CNA 3 and CNA 6 will be updated to include documented reference checks. **2. Identification of Other Potentially Affected Residents:** A full audit of all employee files will be conducted to identify any missing reference checks. Any missing documentation will be obtained and filed. **3. Systemic Changes:** The “New Hire Checklist” will be revised to require HR to verify and document by signature that at least two reference checks have been completed before the employee’s start date.	07/05/2025

	A current facility document, titled "NEW HIRE CHECKLIST - INDIANA," dated as last reviewed on 8/2021 and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...Reference checks completed...." Based on interview and record review, the facility failed to ensure employees' files contained pre-employment references for 2 of 5 employees reviewed for employee records. (CNA 3 and CNA 6) Findings include: A review of the employee files, on 5/22/25 at 11:21 a.m., indicated the following employees did not have pre-employment references located in their file: 1. CNA 3 with a hire date of 4/1/25. 2. CNA 6 with a hire date of 3/27/25. During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility could not locate the pre-employment references for CNA 3 or 6. A current facility document, titled "NEW HIRE CHECKLIST - INDIANA," dated as last reviewed on 8/2021 and received from the Administrator		**4. Monitoring and QA:** HR will conduct monthly audits of 10% of new hire files to ensure compliance. Results will be reviewed in monthly QA meetings. **5. Completion Date:** Corrective action and systematic changes will be completed by July 5, 2025.	

	on 5/23/25 at 11:21 a.m., indicated "...Reference checks completed...."			
R 0119	Personnel - Noncompliance 410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- (d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following: (1) Instructions on the needs of the specialized populations: (A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility. (2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (D) residents' rights.	R 0119	**1. Corrective Action for Affected Residents:** No residents were directly affected. However, CNA 6 and CNA 7 will complete a re-orientation, and documentation will be added to their personnel files. **2. Identification of Other Potentially Affected Residents:** A review of all current employees will be conducted to ensure orientation documentation is complete. Any missing documentation will be addressed through re-orientation and proper filing. **3. Systemic Changes:** HR will maintain a tickler file to ensure that the General and Job Specific Checklists are completed and turned in prior to	07/05/2025

	(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures. (4) Review of ethical considerations and confidentiality in resident care and records. (5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care. (6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation. Based on interview and record review, the facility failed to ensure employees completed general and specific orientation checklists for 2 of 10 employees reviewed for orientation. (CNA 6 and CNA 7) Findings include: 1. The employee record for Certified Nursing Assistant (CNA) 6, with a hire date of 3/27/25, was reviewed on 5/22/25 at 11:21 a.m. A general or specific orientation checklist was not located. 2. The employee record for CNA 7, with a hire date of 8/31/21, was reviewed on 5/22/25 at 11:21 a.m. A general orientation checklist was not located. During an interview, on 5/22/25		the employee working independently. **4. Monitoring and QA:** HR will review the tickler file weekly and follow up on any outstanding documentation. **5. Completion Date:** Corrective action and systematic changes will be completed by July 5, 2025.	

	at 2:45 p.m., the Director of Nursing (DON) indicated the facility could not locate documentation of orientation information for CNA 6 and 7. A current facility document, titled "Orientation," undated and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...New Hire Orientation: New employees will meet with the HR team to complete the required administrative tasks and paperwork. Community Orientation: New employees will meet with management teams to learn about our culture, policies, and procedures. Departmental Orientation: New employees will meet with their team leader and manager to learn about departments, understand expectations of the role, and meet their teammates...." Based on interview and record review, the facility failed to ensure employees completed general and specific orientation checklists for 2 of 10 employees reviewed for orientation. (CNA 6 and CNA 7) Findings include: 1. The employee record for Certified Nursing Assistant (CNA) 6, with a hire date of 3/27/25, was reviewed on 5/22/25 at 11:21 a.m. A general			

	or specific orientation checklist was not located. 2. The employee record for CNA 7, with a hire date of 8/31/21, was reviewed on 5/22/25 at 11:21 a.m. A general orientation checklist was not located. During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated the facility could not locate documentation of orientation information for CNA 6 and 7. A current facility document, titled "Orientation," undated and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...New Hire Orientation: New employees will meet with the HR team to complete the required administrative tasks and paperwork. Community Orientation: New employees will meet with management teams to learn about our culture, policies, and procedures. Departmental Orientation: New employees will meet with their team leader and manager to learn about departments, understand expectations of the role, and meet their teammates...."			
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be	R 0121	**1. Corrective Action for Affected Residents:**	06/30/2025

	required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.		The six employees identified (Dementia Care Director 2, QMA 4, QMA 5, QMA 8, CNA 9, CNA 10) were immediately scheduled for TB testing and health screenings. Results will be documented in their health records. **2. Identification of Other Potentially Affected Residents:** An audit of all employee health records will be completed. Any missing TB tests or annual screenings will be scheduled and documented. **3. Systemic Changes:** The “New Hire Checklist” will be revised to require HR to verify and document by signature that TB testing has been completed before the employee’s start date. Annual TB screenings will be conducted each June to ensure all employees are screened annually.	

(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.

Based on interview and record review, the facility failed to maintain a health record of each employee which included tuberculosis (TB) testing and annual health screenings for tuberculosis for 6 of 10 employees reviewed for TB. (Dementia Care Director 2, QMA 4, QMA 5, QMA 8, CNA 9 and CNA10).

Findings include:

1. Dementia Care Director 2 was hired on 1/17/24. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

2. Qualified Medication Assistant (QMA) 4 was hired on 4/12/22. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

3. QMA 5 was hired on 10/25/21. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

4. QMA 8 was hired on 9/22/20. The employee's health record

4. Monitoring and QA:

The HR Director will review the new hire checklists prior to an employees start date to ensure TB compliance.

5. Completion Date:

All annual screenings will be completed by June 30, 2025. Systemic changes are effective immediately.

did not contain a 1st or 2nd step TB test or annual health screenings.

5. Certified Nursing Assistant (CNA) 9 was hired on 9/10/18. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

6. CNA 10 was hired on 11/30/22. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated they could not locate the TB records in the employees' health records.

A current facility policy, titled "PRE-EMPLOYMENT TB TESTING AND FREE FROM COMMUNICABLE DISEASE," dated as last revised 8/2023 and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...When utilizing the TB skin test, the first step of the two-step TB skin test will be administered and read prior to any resident engagement...."

Based on interview and record review, the facility failed to maintain a health record of each employee which included tuberculosis (TB) testing and annual health screenings for

tuberculosis for 6 of 10 employees reviewed for TB. (Dementia Care Director 2, QMA 4, QMA 5, QMA 8, CNA 9 and CNA10).

Findings include:

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4. QMA 8 was hired on 9/22/20. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

5. Certified Nursing Assistant (CNA) 9 was hired on 9/10/18. The employee's health record did not contain a 1st or 2nd step TB test or annual health screenings.

6. CNA 10 was hired on 11/30/22. The employee's health record did not contain a

	1st or 2nd step TB test or annual health screenings. During an interview, on 5/22/25 at 2:45 p.m., the Director of Nursing (DON) indicated they could not locate the TB records in the employees' health records. A current facility policy, titled "PRE-EMPLOYMENT TB TESTING AND FREE FROM COMMUNICABLE DISEASE," dated as last revised 8/2023 and received from the Administrator on 5/23/25 at 11:21 a.m., indicated "...When utilizing the TB skin test, the first step of the two-step TB skin test will be administered and read prior to any resident engagement...."			

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